



WILDLIFE REHABILITATORS ASSOCIATION OF RHODE ISLAND D.B.A. WILDLIFE CLINIC OF RHODE ISLAND

Volunteer & Intern Application

Thank you for your interest in volunteering with the Wildlife Rehabilitators Association of Rhode Island d.b.a the Wildlife Clinic (“Wildlife Clinic”). To be eligible for consideration as a volunteer for our organization, please do the following:

- Read through our Volunteer & Intern Program Manual; **and**
- Complete this Volunteer Application (2 pages); **and**
- Sign the accompanying Volunteer Release and Waiver of Liability (3 pages); **and**
- Obtain and provide a copy of your Tetanus Vaccination record; **and**
- Return your completed application and waivers to the Wildlife Clinic.

Upon submission and review of your application, our Volunteer & Outreach Coordinator will contact you to discuss your availability and determine a schedule for you. Please note that all of our policies pertaining to volunteers and interns are explained in detail in our Volunteer & Intern Training Manual – **you will be expected to have read and be familiar with these policies.** You will be required to acknowledge your receipt and understanding of these policies in the accompanying wavier.

The information collected here will be used for Wildlife Clinic business only and will not be shared with any outside parties.

PLEASE PRINT LEGIBLY

Date of Application: _____ Age: _____

Name: _____ DOB: _____

Current Address:

Street City State Zip code

Mailing Address (if different than above):

Street City State Zip code

Cell Phone Number: _____

Home Phone Number: _____

Email Address: _____

Emergency Contact:

Person's Name

Relationship to You

Phone Number(s)

Why do you want to volunteer with the Wildlife Clinic?

What do you wish to gain from your volunteer experience? (e.g., learn specific skills, join a community...etc.)

Are you presently licensed as a wildlife rehabilitator? _____

Have you received the Rabies pre-exposure vaccinations? _____

Please describe any animal or volunteer experience you may have:

What is your availability? (Please note: Work shifts at the Wildlife Clinic run 9am-1pm & 1pm -5pm **M-F**, and 9am-1pm **Saturdays & Sundays**. From May 1 to August 31, the Wildlife Clinic will be open from 9am-9pm every day, and we will have an additional shift from 5pm-9pm every day).

How did you learn about the Wildlife Clinic and our organization?

Do you have any medical conditions that may prohibit you from performing certain activities (i.e. allergies, asthma, back or heart problems, etc.)?

Are you afraid of bugs or particular animals? _____

Have you received and read through the Volunteer & Intern Program Manual?

Do you have any questions pertaining to the manual or regarding service as a Volunteer?

Please use the space provided below to provide any additional information you wish us to know or to note any questions you have:

Volunteer Release and Waiver of Liability

This Volunteer Release and Waiver of Liability (hereafter referred to as "Agreement"), dated this _____ day of _____, 20____, is made by and between the Wildlife Rehabilitators Association of Rhode Island dba the Wildlife Clinic of Rhode Island (hereafter referred to as "WRARI"), a Rhode Island 501(c)3 non-profit organization, and on behalf of the Wildlife Clinic of Rhode Island (the "Wildlife Clinic"), having its principal place of business located at 2865 Tower Hill Road, Saunderstown RI 02874, and _____, an individual (hereafter referred to as "Volunteer"), **or** as the parent(s) and/or legal guardian(s) of _____, a minor child (hereafter referred to as "Minor Volunteer" aged 13 years or older) (Volunteer and Minor Volunteer are individually and collectively referred to herein as "Volunteers").

WHEREAS, WRARI is a non-profit organization established pursuant to the laws of the State of Rhode Island for the purposes of rescue, rehabilitation and release of all native wild animals; and

WHEREAS, in pursuit of its goals, WRARI obtains the assistance of Volunteers who participate in the wildlife rescue, rehabilitation, and release program sponsored by WRARI and carried out through the Wildlife Clinic of Rhode Island (hereafter referred to as "the WRARI Volunteer Program"); and

WHEREAS, due to the nature of the work performed by WRARI, the nature of wild animals and conditions beyond the knowledge or control of WRARI and the Wildlife Clinic of Rhode Island, volunteers may sustain injuries resulting from or in furtherance of or in some way related to, their participation in and around the WRARI Volunteer Program.

NOW THEREFORE, for and in consideration of the mutual promises and covenants contained in this Agreement, Volunteers hereto agree as follows:

FIRST, the undersigned person(s) agree(s) that they are the adult Volunteer or the parent(s) and/or legal guardian(s) having custody of the Minor Volunteer.

SECOND, by executing this Agreement, Volunteers acknowledge that there is good and valid consideration to executing this release and waiver of liability and in consideration of the opportunity afforded said Volunteers who participate in the WRARI Volunteer Program, the Volunteers hereby agree that they will expressly assume any and all risks associated and concurrent with said participation and that Volunteers shall solely and completely bear any and all financial and/or other burdens which may occur as a direct or indirect result of said Volunteers being injured in any way while participating in the WRARI Volunteer Program and that, under no circumstances from now until the end of the world, will Volunteers present any claim or file any lawsuit against WRARI, its Officers, Directors, Staff and the Wildlife Clinic, and said Volunteer expressly agrees to release and forever hold harmless WRARI, its agents, employees, officers, directors, and the Wildlife Clinic, for any and all loss or damages, of any type, sustained by Volunteers as a result of Volunteers' participation in the WRARI Volunteer Program.

THIRD, that Volunteers, being of lawful age, in consideration of being permitted to participate in the WRARI Volunteer Program, do hereby release, for themselves as individuals, their heirs, executors, administrators and assigns, and forever discharge WRARI, its agents, employees, officers and directors, their heirs, administrators and executors, successors assigns, of and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting or to result from any accident that may occur as a result of Volunteers' participation in volunteer work or any and all activities in connection with WRARI and/or the Wildlife Clinic, whether by negligence or not.

FOURTH, Volunteers expressly acknowledge that they have received a complete copy of the WRARI Volunteer & Intern Training Manual, further acknowledges that they has read through said manual **in its entirety**, and expressly agrees that by signing this Agreement Volunteers are aware of and assume all risk associated with their participation in the WRARI Volunteer Program, at the Wildlife Clinic or any and all locations where WRARI activities take place.

FIFTH, Volunteers expressly acknowledge that they has been informed of and understand the risk associated with rabies in wild animals and further agrees that if an animal under their care inflicts an injury upon a human, they will report the incident to the Wildlife Clinic immediately and will abide by all pertinent policies and regulations.

SIXTH, by signing this document, Volunteers agree and understand that they must maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to themselves as a result of their participation in any and all activities with WRARI and the Wildlife Clinic, as aforesaid. Volunteers also agrees that if they does not maintain in full force and effect a policy of insurance, they, and they alone, are liable for medical treatment and all related costs in the event of an injury to themselves as a result of their participation in any and all activities involving WRARI and the Wildlife Clinic, as aforesaid.

SEVENTH, by signing this document, Volunteers acknowledge that they have been sufficiently informed by WRARI of the rules and regulations under which the WRARI Volunteer Program operates and that they will abide by those rules and regulations. Further, Volunteers expressly agree to abide by all governing state and federal laws, as well as all policies set forth by the forgoing authorities and WRARI, and that failure to abide by the same may result in immediate termination of Volunteers' participation in the WRARI Volunteer Program.

EIGHTH, this Agreement contains the entire agreement between the parties hereto, there are no covenants or promises between the parties that are not set forth hereto.

NINTH, the terms of this document are contractual and not a mere recital. The covenants, promises, obligations, and conditions contained herein shall be binding on the parties, and their heirs, legal representatives, and assigns of the parties hereto.

NOTICE: This is an important legal document. You have the right to have this document reviewed by an attorney prior to signing it. By signing this document you are giving up important legal rights.

Volunteer Acknowledgment:

I have **carefully** read the foregoing release and waiver of liability and know the contents thereof and sign this release as my own free act and deed.

_____ Initials of Volunteer or Minor Volunteer

_____ Initials of parent or legal guardian of Minor Volunteer

I further acknowledge that I have received a complete copy of the WRARI Volunteer & Intern Program Manual and have been sufficiently informed by WRARI of the rules and regulations under which the program operates and that I will abide by those rules and regulations.

_____ Initials of Volunteer or Minor Volunteer

_____ Initials of parent or legal guardian of Minor Volunteer

Signed:

Date: _____

DOB: _____

Volunteer or

Parent and/or Legal Guardian of _____

Minor Volunteer

Signature of Minor Volunteer: _____

Volunteer Address: _____

Volunteer Phone Number: _____