



**WILDLIFE REHAB & EDUCATION CENTER
VOLUNTEER APPLICATION**

Volunteer Orientation is held the second Saturday of every month
(Except for November and December)

THANK YOU for your interest in Wildlife Rehab & Education's Volunteer Program. We are always looking for volunteers to help us further our mission. However, we ask that all volunteers are at least 15 years of age.

If you have any questions, please do not hesitate to call the Staff at 713-861-9453.

PLEASE PRINT CLEARLY			
Name:		Home Phone	
Street address		Work Phone	
City	Zip	Mobile Phone	
Email address: (please write legibly)		Birth Date: mm/dd/yyyy	
Workplace / School			
How did you hear about us?			
Do you need to receive credit for hours worked (and if so, to who do you report these hours)?			
Days and times you can volunteer:			
EMERGENCY CONTACT INFORMATION			
Name:	Relationship	Phone	
When was your last tetanus shot? _____ Do you have and physical, medical or psychological conditions, disabilities or allergies that would affect your volunteer duties? If yes, please explain.			
Have you had the pre or post rabies vaccinations? ____Y ____N If yes, date:			
Have you had HAZWOPER training? ____Y ____N How many hours?			
Do you have a Texas State Wildlife Rehabilitation Permit?		#	
Do you have a Federal Wildlife Rehabilitation Permit?		#	
FOR STAFF USE			
OR	HB	AP	Fee

Please answer the following questions:

1. Why do you want to be a WR&E volunteer?

2. List any wildlife rehabilitation volunteer experience you have:

3. List any previous experience with animals:

4. What aspect of volunteering are you most interested in doing?

5. Please note any special skills, interest which you would like to share with WR&E as a volunteer (photography, I.T. skills, carpentry, languages, etc.)

MY SIGNATURE BELOW INDICATES THAT I UNDERSTAND AND AGREE TO THE FOLLOWING:

- I agree to conduct myself in a courteous, professional manner as a volunteer and representative of WR&E and abide by the policies and procedures of the organization.
- I relinquish all rights to the videotape, live broadcast, and photographs and grant permission to WR&E and/or its agents to use them as the organization deems appropriate.
- I agree to be supervised by the Lead Supervisor or Staff and will report to them any ideas, constructive comments or problems that arise.
- I will keep confidential all information acquired in the course of my volunteer service.
- I authorize WR&E to seek emergency medical care in case of accident, injury, or illness and to call the emergency contact on this application.
- I waive WR&E and the Houston SPCA of any and all liability for injuries while performing volunteer services. I understand that “WR&E” includes all employees, volunteers, directors and board members.
- If I fail to abide by the terms of this agreement, I will be terminated from the program at the sole discretion of WR&E.

Signature: _____ **Date:** _____/_____/_____

Signature: _____ **Date:** _____/_____/_____

**Signature of parent/guardian is required if volunteer is 14– 17 years of age.*