



# *Fallen Feathers*

## **Volunteer Application**

**(Please bring with you when you come to volunteer 😊)**

**Name (first and last)**

**Phone Number**

**Email Address**

**Address (city, state and zip)**

**Birthday**

**Today's Date**

**Emergency Contact Name**

**Contact Number**

**What days are you available to volunteer?**

Monday..... Morning  Afternoon  Night

Tuesday..... Morning  Afternoon  Night

Wednesday..... Morning  Afternoon  Night

Thursday..... Morning  Afternoon  Night

Friday..... Morning  Afternoon  Night

Saturday..... Morning  Afternoon  Night

Sunday..... Morning  Afternoon  Night

**What kind of experience do you have?**

**How did you hear about Fallen Feathers?**

**How Would You Like To Help?**

- Handyman
- Transportation
- Rehabilitation
- Education
- Fundraising
- Office work

Are you required to do community service? Yes  No

**Hours needed**

**Date needed by**



## *Fallen Feathers*

### Volunteer Agreement, Release and Waiver

If I am not longer an active volunteer, I agree to return supplies or birds in my care belonging to *Fallen Feathers* as well as any organizational record and printed materials in my possession. I understand such supplies to include any items provided to me by *Fallen Feathers*, or by any of its volunteers, including items donated to the organization: aquariums, cages, aviaries, feeding equipment, rehab & medical supplies, etc.. I understand organizations records and printed materials to include all intake forms completed by the public, any records of organizational activities (licensed or otherwise), and organizations literature. I understand that I may be asked to submit rehabilitation and volunteer expense reports for any part of the calendar year during which I was active.

I hold *Fallen Feathers* harmless and agree that the organization is not responsible for any illness or injury I may incur through rescuing, transporting, handling, releasing, treating or caring for birds (or any other animal) or through any other organizational activity in which I may be involved. While either on or off the premises.

I consent to the use and release to *Fallen Feathers* the use of my likeness, (Participant) whether in still, motion pictures, or video tape, my photograph and/or other reproduction of me or my property, including my voice and features, for any editorial, promotion, trade business or other purpose whatsoever. *Fallen Feathers* may exercise its rights in any way it sees fit for its productions, for advertising and for other purposes. I intend for *Fallen Feathers* to rely upon this release and understand that it is irrevocable.

I hereby for myself, my heirs, executors, administrators, and assigns, waive and release all claims for damages which I may have or which may hereafter accrue to me against *Fallen Feathers* sponsors, agents, representatives, or assigns for any and all damages which may be sustained and suffered by me in connection with my association or participation with *Fallen Feathers*.

I have read *Fallen Feathers* policies and procedures and hereby agree to abide by them. I understand that if I purposefully act against *Fallen Feathers* policies and procedures it may be grounds for dismissal.

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Volunteer Signature:

Date:

If under 18 years of age parent signature required

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Parent Signature:

Date: