



VOLUNTEER APPLICATION

Name: _____

First Name

Last Name

Address: _____

(Please include entire address including postal code)

Phone:

Home _____ Work: _____ Cell: _____

Email Address:

Please list an address, as the majority of communication with volunteers is conducted through e-mail. Your e-mail address will be kept confidential

Occupation: _____ Company: _____

Medical Conditions (if any) _____

Emergency contact #1: _____

Name

Phone Number

Relationship (optional)

Emergency contact #2: _____

Name

Phone Number

Relationship (optional)

Date of Birth:

Day

Month

Year

Volunteer Related Information

Do you have experience with Farmed Animals? Yes No If yes where? _____

Do you have previous volunteer experience? Yes No If yes, where? _____

Please list two (2) references who can speak on your behalf

1. _____

Name

Phone Number

Relationship

2. _____

Name

Phone Number

Relationship

Please send the completed application to:

Wishing Well Sanctuary

2710 Line 10

Bradford, ON. L3Z 2A5 – Attention Volunteer Program

Contact: 905- 775-9179

AREA OF INTEREST

Please check off the volunteer opportunities you are interested in:

Animal Care
 Construction
 Administration
 Fundraising

Availability: Volunteers are asked to commit to working a minimum of 4 hours on a regular basis.
 To assist us in completing a schedule please circle the times you are available below listing first to third choice.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:00 AM Morning Shift	8:00 AM Morning Shift	8:00 AM Morning Shift	8:00 AM Morning Shift	8:00 AM Morning Shift	7:30 AM Morning Shift	7:30 AM Morning Shift
3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S Night Feed	3:30 to 5:30 W 5:30 to 8:00 S* Night Feed

**(W- Winter / S-Summer)*

Please describe the skills and experience you possess:

- | | | | |
|--|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Photography | <input type="checkbox"/> Videography | <input type="checkbox"/> Animal Care |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Education | <input type="checkbox"/> Painting | <input type="checkbox"/> Writing/editing |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Wellness | <input type="checkbox"/> Construction | <input type="checkbox"/> Driving |

Are there other ways you feel you can help the Wishing Well Sanctuary not listed above?

To the best of my knowledge, the information I have provided on this application is accurate and up-to-date. I understand that completing this application neither obliges me to volunteer nor guarantees me a volunteer position with the Wishing Well Sanctuary.

(If available please include an up to date resume)

VOLUNTEER LIABILITY AND WAIVER RELEASE

In consideration of being permitted to volunteer with Wishing Well Sanctuary (WWS) I, the undersigned, voluntarily agree to the following:

- I agree to conduct myself in a courteous and professional manner as a volunteer and representative of WWS, and I will treat all WWS directors, volunteers, animals, property, tools and equipment with the highest respect.
- I agree to follow all of WWS policies, procedures, safety rules and regulations, and, abide by all instructions from the staff and / or directors. I further agree to complete any orientation, training and paperwork related to my volunteer position
- I agree that my volunteering services to WWS are performed on a volunteer basis without pay, without medical or worker's compensation insurance and without compensation of any kind and all of my volunteering services are performed at my own risk. I agree that it is my responsibility to act in such a manner as to be responsible for my own safety while volunteering.
- I have disclosed all relevant medical conditions in my application and will advise WWS of any changes (i.e.: physical, psychological, pregnancy, etc.)
- I fully understand that as a part of my volunteer work for WWS I will come into contact with animals either by directly handling them, or through assisting in their care. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched and / or otherwise injured.
- I acknowledge the risks and dangers inherent in handling animals and in otherwise volunteering with WWS and I freely assume and fully accept these risks.
- My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Wishing Well Sanctuary and its directors, officers, employees, volunteers, representatives and their heirs from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.
- I agree that WWS may refuse or terminate my participation in its volunteer program at any time and without notice.
- All volunteers under the age of 18 require parental/guardian authorization signature(s)
- Sign up now to receive emails from Wishing Well Sanctuary to hear about special events, stories about the animals, and what's new at WWS.
- I authorize WWS to use photos/videos of myself for promotional purposes.

I, _____ the applicant or parent/guardian, acknowledge that I have read, understood and agree to the terms above for the volunteer position with Wishing Well Sanctuary.

Agree

Date: