

## **Shasta Wildlife Rescue & Rehabilitation Inc. (SWRR) Volunteer Information Sheet**

SWRR appreciates your interest in our wildlife. We are a non-profit organization always seeking persons who are dedicated, compassionate and committed to work as Volunteers to aid in rescue, rehabilitation and release of our wildlife. At our Wildlife Center located in Anderson River Park in Anderson, an average of 1000 animals come through our door whose survival is often threatened and need our help. Our Volunteers are extremely valuable to us and all the critters.

We open our Center doors in April when the baby bird season begins (typically the middle of April) and close near the end of August. We are open 8:00 am to 8:00 pm, 7 days a week. We strive for 3 volunteers per shift in order to care for and feed our babies who eat every 20 minutes! Each team has a Team Leader so new volunteers have a knowledgeable person to turn to. Three shifts are offered: 8:00 am to 12:00 pm, 12:00 pm to 4:00 pm or 4:00 pm to 8:00 pm. As Volunteer Coordinator it is my responsibility to organize the staffing of the shifts.

All Volunteers must also become a member of SWRR with annual dues of \$20.00. Membership fees help to cover the operating expenses of the center. For your convenience we have made it possible for you to use our internet application.

Once you have read and understood our [Policies and Procedures Manual](#) please fill out the following forms:

- Membership Application Form with membership dues
- Volunteer Sign Up Form
- Volunteer Release of Liability

These 3 forms can be returned to Vicki Cavalli, SWRR Volunteer Coordinator at the address below OR you may hand deliver this package to our Center in Anderson River Park during our active season.

I encourage everyone to attend our Annual Baby Bird Shower and Open House which is on April 2, 2011, from 10:00 am to 1:00 pm. You are invited to take a tour of our facility to view our Educational Birds and Mammals up close with their handlers. The Center is off limits to the public when animals are rehabilitating. We operate under a permit with the California Department of Fish and Game and the U.S. Fish and Wildlife Service. At this time we are allowed 15 animals in our Educational Program who are non-releasable for a variety of reasons. Typically we have animals such as Owls, Hawks, a Turkey Vulture, a true Albino Steller's Jay and a Fox that are shown in our Educational Programs.

Attendance is mandatory for New Volunteer Training and Orientation. The training for 2011 will be held on April 10, 2011. Add \$10.00 to your first year annual dues to cover the cost of this class. The majority of training on caring for wildlife is hands-on. We never know who or what will come through our doors so each shift is a learning adventure. I will be at the Open House with applications and will also be happy to answer any questions.

We also meet on the 2nd Monday of each month (except December) from 6:00 pm to 7:00 pm at the Anderson Fire Department. Check our web site for meeting directions, updates and changes. These meetings discuss business at hand plus a training program which is valuable to volunteers in teaching skills they will need to care for wildlife (wrapping a broken wing, hydrating, medicating, feeding, what to do when you receive an animal, etc.). As Volunteer Coordinator I will be available to answer questions and offer Volunteer Application packets.

Our season ends with an Appreciation Picnic for our terrific volunteers! We have awards, recognitions, free raffles and a BBQ dinner for everyone!

I look forward to meeting you and am looking forward to a great season for 2011!

**Shasta Wildlife Rescue**  
**PO Box 1173**  
**Anderson, CA 96007**  
**<http://www.ShastaWildlifeRescue.com>**  
**530 365-9453**

**Vicki Cavalli - Volunteer Coordinator**  
**Shasta Wildlife Rescue**  
**PO Box 1173**  
**Anderson, CA 96007**  
**530 365-2807**  
**[norcalcritters@live.com](mailto:norcalcritters@live.com)**

## Membership Application & Contributions

\_\_\_\_ New      \_\_\_\_ Renewal      \_\_\_\_ Contribution Only

\_\_\_\_ \$ 20 Individual Dues

\_\_\_\_ \$ 30 Family Dues

\_\_\_\_ I also wish to apply as a new volunteer with SWRR,  
add \$10 for the new volunteer training class

\_\_\_\_ \$ 75 Business/Organization Dues

\_\_\_\_ \$ 100 Bald Eagle Society Dues

\_\_\_\_ \$ 500 Lifetime Dues

\_\_\_\_ My additional contribution of: \$ \_\_\_\_\_

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date (only if under 18): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## Volunteer Sign up, Information and Preferences

Name: \_\_\_\_\_ Birth Date (if under 18) \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Contact Preferences (check any) Home Phone: \_\_\_ Cell Phone: \_\_\_ Email: \_\_\_ US Mail: \_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Emergency Contact Person: \_\_\_\_\_

Please indicate days and hours you are available

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-noon	8am-noon	8am-noon	8am-noon	8am-noon	8am-noon	8am-noon
noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm	noon-4pm
4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm	4pm-8pm
other	other	other	other	other	other	other

If other, please indicate times available: \_\_\_\_\_

Any restrictions that may affect your availability: \_\_\_\_\_

List skills you may have in wildlife rehabilitation, veterinary experience, etc.:  
\_\_\_\_\_

In which activities are you interested in participating (check all that apply)?

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Care<br><input type="checkbox"/> Birds <input type="checkbox"/> Mammals <input type="checkbox"/> Reptiles<br><input type="checkbox"/> Building/Construction<br><input type="checkbox"/> Education Programs<br><input type="checkbox"/> Non-animal care | <input type="checkbox"/> Fund raising<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Public Relations<br><input type="checkbox"/> Other (specify) |
|--|--|

Mammal Home Care (not applicable to bird care): To provide mammal home care you must first complete one successful season with SWRR, receive special training, supervised and approved by a mammal specialist. To work with mammals other than rodents, rabbits, hares and opossums, a pre-exposure rabies vaccination is required. The vaccination is recommended for working with any mammal. Would you be interested? Yes \_\_\_ No \_\_\_

As a Shasta Wildlife Volunteer, I agree to:

- become a member of Shasta Wildlife Rescue and Rehabilitation, Inc.
- become familiar with the organization's philosophy, policies and procedures.
- attend volunteer training meetings, if involved in animal care
- make every attempt to work all hours as agreed upon.
- be prompt and reliable in reporting for scheduled work.
- notify my Team Leader in advance if unable to work as scheduled and **make the initial attempt to find another volunteer to cover the shift.**
- record all hours of volunteer service and miles traveled.

Signature: \_\_\_\_\_ Parent's signature (if under 18): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Last Name (in CAPS): \_\_\_\_\_

**VOLUNTEER - RELEASE OF LIABILITY**

WHEREAS Shasta Wildlife Rescue and Rehabilitation, Inc. (hereinafter referred to as SWRR) is a California Non Profit Corporation, and as such performs valuable services;

WHEREAS financial claims or lawsuit(s) against SWRR, its employees or members, would discourage and possibly discontinue the valuable services provided by this organization and organizations like it,

THEREFORE I accept on behalf of myself, heirs, beneficiaries, assigns, agents, child or children, wards, and conservatees, or any and all of them, any and all danger(s) and resulting personal injury (including death) and/or property damage, and I knowingly execute the following Release of Liability after having read and understood the terms thereof.

RELEASE OF LIABILITY: This agreement is entered into

this \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), between SWWR and,

\_\_\_\_\_ (hereinafter referred to as "I" or "volunteer").  
**volunteer name**

In consideration for access to premises under control of SWWR and the opportunity to learn about wildlife rescue and rehabilitation through participating in volunteer activities associated with SWWR, I , on behalf of myself, heirs, beneficiaries, assign, agents, child or children, wards, and conservatees, or any or all of them, do hereby release and discharge SWRR, together with the assignees, directors, officers, agents, employees, members, officials, or any or all of them and their successors from any whatsoever nature or kind arising out of, as a result of, or in connection with said volunteer activities and/or activities occurring on premises under the control of SWWR.

I, on behalf of myself, heirs, beneficiaries, assign, agents, child or children, wards, and conservatees, or any or all of them, do hereby release and discharge SWRR, together with the assignees, directors, officers, agents, employees, members, officials, or any or all of them and their successors, from any and all incidental, or indirect, special or, consequential damages, including but not limited to, the loss of salary or wages or loss of opportunities, of whatsoever nature or kind arising out of, as a result of, or in connection with said volunteer activities occurring on premises under the control of SWRR.

This Release of Liability contains the entire agreement between SWRR and myself and supersedes any previous understanding, commitments, or agreements (oral or written) with respect to the subject matter hereof. This Release of Liability and interpretation thereof shall be governed by the laws of the State of California. **I have read, understand and will abide by the policies and procedures document.**

**Representative, Shasta Wildlife Rescue and Rehabilitation, Inc.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**Volunteer (Parent/Guardian, if Volunteer is a minor)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name