



Volunteer Application

P.O. Box 242, Enumclaw, WA 98022 253-350-5792 featherhavennsr@gmail.com

Please Print

Name _____ Birthdate ____/____/____
Address _____ City _____ Zip _____
Home Phone _____ Cell Phone _____
Email Address : _____

Emergency Contact Information:

Name _____ Relationship _____
Home Phone _____ Cell Phone _____

While volunteering at Featherhaven you might be exposed to bacteria, virus' and zoonotic diseases. All volunteers are required to have medical insurance and be current on their Tetanus Vaccine.

Medical Insurance _____ Date of last Tetanus vaccine _____
Please share any allergies and/or medical conditions we should know about: _____

About You (use reverse side if needed)

What is your area(s) of volunteer interest at Featherhaven? _____

Do you have previous experience caring for wild birds? Explain _____

Have you volunteered elsewhere? __Yes __No Where? _____

Describe your duties: _____

Do you work? __Yes __No

Employer _____

Please provide the names and phone numbers of two personal references:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Standard shifts are Sunday through Saturday 8am -noon; noon-4pm; 4pm-8pm. Please note your preferred availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- I understand and agree that submitting this application does not automatically register me as a volunteer.
- There are certain qualifications I must meet which include, but are not limited to, being at least 18 years old, passing a Washington State Patrol Background Check and able to frequently climb stairs.
- I understand volunteering requires a minimum one 4 hour shift per week with a 4 month commitment May through August. Education and Special Events require an as needed commitment.
- We require all new volunteers to attend a New Volunteer Orientation and Volunteer Training Session before getting started. Upon completion of a successful interview you will be able to sign up for the orientation and training

Signature _____ **Date** ____/____/____

Featherhaven Representative _____ **Title** _____ **Date** ____/____/____

(rev Jan 2020)