



Featherhaven

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

Volunteer Application & Hold Harmless Agreement

Please Print

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

Emergency Contact Information:

Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Please share any allergies or medical condition 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 _____

Agreement

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 passing a Washington State Patrol Background Check.

I understand volunteering requires a minimum one 4 hour shift per week with a 4 month commitment May thru August. Education and Special Events require as needed commitment.

I agree to wear a name tag while I am at Featherhaven locations.

I will give 24-hour notice if I am unable to fulfill my shift.

I understand that I will refer any inquiries from any media or other entity to the Director of Featherhaven. I also will refrain from making any public comments, including comments on social media sites, regarding Featherhaven or any other wildlife rehabilitation facility.

I understand the Featherhaven facility & grounds are drug/alcohol and smoke (nicotine/cannabis) free and will abide by those rules.

I am a willing participant in Volunteer service for Featherhaven and understand I will receive no monetary compensation for my services or time spent volunteering.

I will not rehabilitate any native bird on my own or remove any feathers, nests or eggs from Featherhaven as these actions are a violation of State and Federal laws.

I understand that Featherhaven is not responsible for loss of a volunteer's money or other valuables.

I understand that my participation and/or involvement as a volunteer with Featherhaven carries with it the potential for certain risks, some of which may not be reasonably foreseeable. I further acknowledge that these risks could cause me, or others around me, harm including, but not limited to, bodily injury, scratches, bites etc., Zoonotic disease, damage to property, emotional distress, or death. Those with compromised immune systems will be required to submit a Release letter from their Doctor.

By signing this agreement, I waive any and all claims I, my family, heirs, agents or legal representatives may have against Featherhaven, its Board of Directors, agents, representatives etc. AND I agree to release, indemnify, and hold harmless Featherhaven, its Board of Directors, agents, representatives etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my volunteering for Featherhaven.

Signature _____ Date ____/____/____

Featherhaven Representative _____ Title _____ Date ____/____/____

(rev Apr 2018)