



# Volunteer Application

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**Please Print – Last day to apply, April 15, 2022**

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; AM, 8am -noon; PM, noon-4pm; EVE, 4pm-8pm. Please note your preferred availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
EVE							

• 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 Volunteer Training Session before getting started. Upon completion of a successful interview you will be able to sign up for the training.

• I understand that wearing a mask while volunteering at Featherhaven may be required.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Featherhaven Representative \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_