

## Volunteer Application -- Centre Wildlife Care

Name: \_\_\_\_\_

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

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

Education (degree & area of study)

Phone: (H) \_\_\_\_\_

\_\_\_\_\_

(W) \_\_\_\_\_

\_\_\_\_\_

(Cell) \_\_\_\_\_

\_\_\_\_\_

Permanent Address:

\_\_\_\_\_

**Person to notify in an emergency:**

Name: \_\_\_\_\_

Permanent Phone: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Do you have any medical problems and/or are you taking any medications that we should keep on record?

\_\_\_\_\_

\_\_\_\_\_

Past experiences or skills applicable to the volunteer program:

\_\_\_\_\_

\_\_\_\_\_

Please check the days and times you prefer to be trained and to volunteer:

Time/day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Expected duration of volunteer service: Months Indefinitely

When would you available to start: \_\_\_\_\_

Please indicate semester(s) available: Spring Fall Summer

To you have transportation? Yes No

Do you have pre or post exposure rabies vaccinations? Yes No

Are you eligible for PHEAA work study? Yes No

Are you interested in doing an internship? Yes No

If yes, when would you like to do an internship? Summer Fall semester Spring Semester

If you're interested in an internship, please submit the following information in addition to this form: A resume, a letter of why you want to do an internship, and names of three references that include contact information.

**Please return to: Centre Wildlife Care, P.O. Box 572, Lemont, PA 16851**  
**Questions? Contact Robyn at 814-692-0004 or [robyn@statecollege.com](mailto:robyn@statecollege.com)**

## Centre Wildlife Care VOLUNTEER AGREEMENT

It is a privilege to share the lives of wild animals; it also entails some responsibilities. A CWC volunteer shall always be compassionate in dealing with the wildlife in their care. While the animals' safety is important, a volunteer must always consider his/her own safety first.

AS A VOLUNTEER I WILL:

- Show up for my scheduled shift or find a replacement if I cannot make my scheduled shift.
- Wear the proper gloves and/or protective gear for handling each species as recommended by CWC or any State and Federal regulations. Gloves, lab coats and goggles are provided at the facility.
- Make sure my tetanus vaccinations are up-to-date.
- Notify the director IMMEDIATELY if I am bitten or scratched by any animal and the skin is broken or any injury occurs while volunteering.
- Maintain all standards of cleanliness for the protection of both myself and the animals.
- NOT handle any RVS (rabies vector species) without attending the rabies vector training and obtaining current pre-exposure rabies vaccinations or a current blood titer showing pre-exposure protection. Rabies vector species in PA are raccoons, skunks, fox, coyotes, bats and groundhogs. Volunteers without vaccines can help clean cages, dishes etc.
- Follow the care and feeding instructions given to me by CWC.
- Abide by all recommendations mandated by CWC, the PA Game Commission and the Federal Government.
- Keep accurate records on all animals for review by CWC, the State, or Federal law enforcement authorities.

**Sub-permittees:** Notify CWC of the final disposition of each animal that may be in my care when requested or at the end of each calendar year. IMMEDIATELY surrender any animal(s) to another CWC member or director if I am requested to do so by the director. Attend professional training at least every 2 years as mandated by the PA Game Commission.

It is important to realize that a volunteer will be exposed to many zoonotic diseases (those transmissible from animals to humans). While ordinary common sense and good hygiene will prevent infection, I understand that it is important to tell my doctor that I work with wildlife on a regular basis.

**I have chosen to be a volunteer for CWC and I am aware there are possible risks while working with and around animals. I will not hold CWC, or any CWC volunteers, interns, staff or board members liable in the event of my injury or illness, or the injury or illness of another family member.**

Volunteer signature: \_\_\_\_\_ date: \_\_\_\_\_

If under 18, parents signature: \_\_\_\_\_ date: \_\_\_\_\_