



The Wildlife Rehabilitators Association of Rhode Island

The Wildlife Clinic of Rhode Island

2865 Tower Hill Road, Saunderstown R.I. 02874

Office: 401.294.6363 / Email: riwildliferehab@gmail.com

Web: www.riwildliferehab.org

Volunteer & Intern/Extern Application

Thank you for your interest in volunteering with the Wildlife Rehabilitators Association of Rhode Island (WRARI) and The Wildlife Clinic. In order to be eligible for consideration as a Wildlife Volunteer, please do the following:

- Read through the WRARI Volunteer & Intern Program Manual; **and**
- Complete your Volunteer Application (2 pages); **and**
- Sign the accompanying Volunteer Release and Waiver of Liability (3 pages); **and**
- Obtain and provide a copy of your Tetanus Vaccination record; **and**
- Return your completed application and waivers to The Wildlife Clinic; **and**
- Schedule and complete one volunteer orientation day prior to your first shift.

Upon submission and review of your application, a staff member will contact you to discuss your availability and determine a schedule for you. Please note that all of WRARI's policies pertaining to volunteers and interns are explained in detail in the WRARI Volunteer & Intern Training Manual – you will be expected to have read and be familiar with these policies. You will be required to acknowledge your receipt and understanding of these policies in the accompanying waiver. The information collected here will be used for WRARI business only and will not be shared with any outside parties.

PLEASE PRINT LEGIBLY

Date of Application: _____ Age: _____ Date of Birth: _____

Name: _____

Current Address: _____
Street City State Zip code

Mailing Address (if different than above): _____
Street City State Zip code

Cell Phone Number: _____ Home Phone Number: _____

Email Address: _____ Occupation: _____

Employer: _____ Employer's Phone Number: _____

Emergency Contact: _____
Person's Name Relationship to You Phone Number(s)

Why do you want to volunteer with WRARI and The Wildlife Clinic?

What do you wish to learn from your volunteer experience? (i.e. specific skills...etc.)

Are you presently licensed as a wildlife rehabilitator? _____

Have you received the Rabies pre-exposure vaccinations? _____

Please describe any animal or volunteer experience you may have:

What is your availability? (Please note that Clinic shifts run: **M-F 9am-1pm & 1pm – close of day (4pm or 5pm depending on season)**, and **9am-1pm Saturdays & Sundays**).

How did you learn about WRARI? _____

Do you have any medical conditions that may prohibit you from performing certain activities (i.e. allergies, asthma, back or heart problems, pregnancy, etc.)? Please answer: **YES** or **NO**

****If you answered YES, we ask that you please contact our Executive Director prior to your first shift to provide detail.**

This information will be kept confidential and is requested to ensure your safety.

Are you afraid of bugs or particular animals? _____

Have you received and read through the WRARI Volunteer & Intern Program Manual?

Do you have any questions pertaining to the Volunteer & Intern Handbook or regarding service as a Wildlife Volunteer?

Please use the space provided below to provide any additional information you wish us to know or to note any questions you have:

Volunteer Release and Waiver of Liability

This Volunteer Release and Waiver of Liability (this "Agreement"), dated _____, 20____, by and between The Wildlife Rehabilitators Association of Rhode Island ("WRARI"), a Rhode Island 501(c)3 non-profit organization, on behalf of The Wildlife Clinic of Rhode Island (the "Wildlife Clinic"), having its principal place of business located at 2865 Tower Hill Road, Saunderstown RI 02874, and _____, an individual ("Volunteer").

WITNESSETH:

WRARI is a non-profit organization established pursuant to the laws of the State of Rhode Island for the purposes of rescue, rehabilitation and release of all native wild animals; and

In pursuit of its goals, WRARI obtains the assistance of Volunteers who participate in the wildlife rescue, rehabilitation, and release program sponsored by WRARI and carried out through the Wildlife Clinic of Rhode Island (hereafter referred to as "the WRARI volunteer program"); and

Due to the nature of the work performed by WRARI, the nature of wild animals and conditions beyond the knowledge or control of WRARI and the Wildlife Clinic of Rhode Island, volunteers may sustain injuries resulting from or in furtherance of or in some way related to, their participation in the WRARI volunteer program.

NOW THEREFORE, for and in consideration of the mutual promises and covenants contained in this Agreement, Volunteer hereto agrees as follows:

FIRST, the undersigned person(s) agree that they are the adult "Volunteer"; and

SECOND, by executing this Agreement, Volunteer acknowledges that there is good and valid consideration to executing this release and waiver of liability and in consideration of the opportunity afforded to said Volunteer who wishes to participate in the WRARI volunteer program, Volunteer hereby agrees that they will expressly assume any and all risks associated and concurrent with said participation; AND THAT Volunteer shall solely and completely bear any and all financial and/or other burdens which may occur as a direct or indirect result of said Volunteer being injured in any way while participating in the WRARI volunteer program; AND THAT, under no circumstances from now until the end of the world, will Volunteer present any claim or file any lawsuit against WRARI, its Officers, Directors, Staff and The Wildlife Clinic, and said Volunteer expressly agrees to release and forever hold harmless WRARI, its Officers, Directors, Staff and The Wildlife Clinic for any loss or damages, of any type, sustained by Volunteer as a result of Volunteer's participation in the WRARI volunteer program; and

THIRD, that Volunteer, being of lawful age, in consideration of being permitted to participate in the WRARI volunteer program, does hereby release, for his/herself, his/her heirs, executors, administrators and assigns, and forever discharge WRARI, its agents, employees, officers and directors, their heirs, administrators and executors, successors assigns, of and from any and every claim, demand, action or right of action, of whatever kind of nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death or property damage resulting to or that result from any accident that may occur as a result of Volunteer's participation in volunteer

work or any activities in connection with WRARI and/or The Wildlife Clinic and/or the WRARI volunteer program, whether by negligence or not; and

FOURTH, Volunteer expressly acknowledges that s/he has received a complete copy of the WRARI Volunteer & Intern Handbook, further acknowledges that s/he has read through said handbook in its entirety, and expressly agrees that by signing this agreement Volunteer is aware of and assumes all risk associated with his/her participation in the WRARI volunteer program, at the Wildlife Clinic or any and all locations where WRARI activities take place; and

FIFTH, Volunteer expressly acknowledges that s/he has been informed of and understands the risk associated with rabies in wild animals and further agrees that if an animal under his/her care inflicts an injury upon a human, s/he will report the incident to the Wildlife Clinic immediately and will abide by all pertinent policies and regulations; and

SIXTH, by signing this document, Volunteer agrees and understands that s/he must maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities with WRARI, and/or The Wildlife Clinic, and/or the WRARI volunteer program. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving WRARI, and/or The Wildlife Clinic, and/or the WRARI volunteer program; and

SEVENTH, by signing this document, Volunteer acknowledges that s/he has been sufficiently informed by WRARI of the rules and regulations under which the WRARI volunteer program operates and that s/he will abide by those rules and regulations. Further, Volunteer expressly agrees to abide by all governing state and federal laws, as well as all policies set forth by the forgoing authorities and WRARI, and that failure to abide by the same may result in immediate termination of Volunteer's participation in the WRARI volunteer program; and

EIGHTH, this Agreement contains the entire agreement between the parties hereto, there are no covenants or promises between the parties that are not set forth herein; and

NINTH, the terms of this document are contractual and not a mere recital. The covenants, promises, obligations, and conditions contained herein shall be binding on the parties, and their heirs, legal representatives, and assigns of the parties hereto.

NOTICE: This is an important legal document. By signing this document, you are giving up important legal rights. You have the right to have this document reviewed by an attorney prior to signing it.

Volunteer:

I have carefully read the foregoing release and waiver of liability and know the contents thereof and sign this release as my own free act and deed.

_____ Initials of Volunteer

I further acknowledge that I have received a complete copy of the WRARI Volunteer & Intern Handbook and have been sufficiently informed by WRARI of the rules and regulations under which the program operates and that I will abide by those rules and regulations.

_____ Initials of Volunteer

Signed:

Printed Name

Date

Volunteer Address: _____

Date of Birth

Volunteer Phone Number: _____

WRARI:

WRARI Authorized Representative

Date: _____