



Under My Wing Avian Refuge

A "NO KILL" EXOTIC BIRDS SANCTUARY

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Tel. 973.702.7770
www.exoticbirdsrefuge.org
Email: admin@exoticbirdsrefuge.org

Volunteer Application

By submitting this application, I am asking to be considered as a volunteer with Under My Wing Avian Refuge.

In the event I am accepted as and become a volunteer that my services are provided strictly in a VOLUNTEER capacity.

- I fully understand and agree to assume all risks involved in any and all duties that I perform for the organization in my volunteer capacity.
- Under My Wing Avian Refuge expects high standards of moral and ethical treatment of all animals and people including and not limited to, the animals under its care.
- Our organization has a zero tolerance policy against any type of harassment, violence, threat, or intimidation (implied or actual), and against any use of illegal drugs or alcohol.
- I agree to adhere strictly to these standards and policies.
- I agree to adhere strictly to these standards in my volunteer capacity.
- I fully understand and agree to comply with any and all of the obligations outlined in this Volunteer Agreement. For any reason whatsoever, while performing my volunteer services, the organization may terminate my service without cause. On behalf of myself, my heirs, personal representatives, executors, and administrators or anyone else who might claim on my behalf, I hereby release, discharge, indemnify, and hold harmless Under My Wing Avian Refuge, its agents, servants, volunteers, chapters, and Board of Directors from any and all claims, causes of actions, or demand of any nature or cause connected with my Volunteer Agreement and service.
- I allow Under My Wing Avian Refuge to use any photographs taken of me for use in public relations efforts and hold Under My Wing Avian Refuge harmless for any and all loss or damage to my personal property while performing volunteer services for the organization.
- I agree not to carry or make use of my cell phone, take pictures or videos without permission.
- I agree to wear proper clothing and closed shoes such as sneakers, wear gloves and proper gear when washing cages, handling garbage or any other item for my protection and my Health.
- I agree to wash and disinfect my hands before handling birds.
- I acknowledge that there Under My wing Avian Refuge is has a No SMOKING policy and shall obey their policy.
- I acknowledge that I have read and fully understand the terms and conditions of the forgoing Volunteer Agreement and that I will comply with same.

Name:

Date:

Address:

City/State Zip:

Home Phone:

Cell phone:

E-mail:

Birth Date:

How did you find out about Volunteer Opportunities at UMWAR?

Employment:

Position:

Address:

Work Phone:

May we phone you at work?

Yes

No

Emergency Contact:

Relationship to you:

Emergency Contact Phone:

Please list any allergies to birds, cats, chemicals or physical, medical, psychological limitations or disabilities that might hinder you from safely participating in any area.

Are you currently pregnant or do you plan to become a parent in the near future?

Yes

No

How often are you willing to commit to volunteer?

Once/week

Twice/week

Every other week _____
Special Events _____
As needed _____
Emergencies _____

Days of availability Monday _____
Tuesday _____
Wednesday _____

Thursday _____
Friday _____
Saturday _____
Sunday _____

Time of availability Morning _____
Afternoon _____
Evenings _____

I am able to begin volunteering _____
Date _____
Date _____

Please list any formal education, training, and/or experience in pet care or animal welfare?

Check what interest you: Sanctuary Volunteer _____
Special Events _____

Fund Raising _____
Grant Writing _____
Other _____

As a volunteer at the sanctuary some of the following tasks will be a part of your regular routine. If unable to perform any of these tasks, please explain:

Cleaning cages _____
Sweeping and Vacuuming _____
Disinfecting cage & pans _____
Cleaning dishes _____

Laundry _____
Making Bird Toys _____
Photo/Video _____
Data Entry _____

If you are volunteering through your school, the court system or another agency, please provide name and phone number of contact person and number of service hours required:

Name _____
Telephone _____

Email:

Hrs required:

Have you been convicted of a felony of any kind or of misdemeanor animal abuse within the past seven (7) years? Explain:

Are you a current smoker?

Yes

No

Have you had a tetanus shot or booster in the last five (5) years?

Yes

No

Do you own any birds?

Yes

No

How many birds do you have and have they been disease tested?

Please attach the result report from your Veterinary or Lab or provide such on your first day of work.

Since you may be handling animals, please discuss allergies and current tetanus immunization with your physician.

Under M Wing Avian Refuge has my permission to conduct a background check in order to protect the birds if they do redeem the need to do so.

Please list anything else you would like to share or make us aware of:

Signed: _____

Date: _____

Please attach copy of Drivers License or Photo ID with application.

Your application will be reviewed and you will be contacted with 7-10 days.

Thank you for your interest to volunteer at Under My Wing Avian Refuge