



# Niagara Wildlife Haven

## VOLUNTEER APPLICATION FORM

**You must be 18 years of age or over to volunteer at Niagara Wildlife Haven.**

All prospective volunteers are required to attend an orientation session and individual interview with the Volunteer Coordinator or Executive Director of Niagara Wildlife Haven.

**Please attach additional pages if necessary to provide us with as much information about yourself as you can.  
Please note also that the majority of our contact with you will be through email.**

Name: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Apt./Unit#: \_\_\_\_\_

City: \_\_\_\_\_ PostalCode: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Cell phone: \_\_\_\_\_

May we contact you at work? Yes \_\_\_\_\_ No \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Student: Yes \_\_\_\_\_ No \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Do you have a drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_

Who is your Emergency Contact:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

List your references: (not family members)

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Please list all previous or present volunteer experience as well as duties you performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any animal related experiences: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any other skills, experience, or training that may be useful to your role as a Niagara Wildlife Haven volunteer (i.e; computer, fundraising, graphic arts, or organizational skills etc., and attach samples of your work if applicable) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current memberships or board positions you hold or have had in other organizations or animal related groups:

Org name: \_\_\_\_\_ Position \_\_\_\_\_ How long? \_\_\_\_\_

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Do you have any physical or psychological limitations or disabilities that may hinder you from participation in some activities (i.e; heart condition, back injury, epilepsy, allergies, immune deficiency syndrome, etc.)? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you able to commit to a minimum of 4 hours per week, for a minimum of 6 months? YES \_\_\_\_\_ NO \_\_\_\_\_

What are your specific reasons for wanting to volunteer at Niagara Wildlife Haven? Tell us why we should take you on as a volunteer? \_\_\_\_\_

What do you hope to gain from this experience? \_\_\_\_\_

What are your general feelings about native Ontario wildlife? \_\_\_\_\_

Do you have family pets? Yes \_\_\_\_ No \_\_\_\_ What kind? \_\_\_\_\_

Are your family pets current and up to date on all rabies and other infectious viral disease vaccinations? Yes \_\_\_\_ No \_\_\_\_

Who is your veterinarian? \_\_\_\_\_ Name of Vet clinic? \_\_\_\_\_

Are you aware that wildlife rehabilitators and wildlife rehabilitation centres receive no funding or 'pay' from any government or any other agencies for the work they do and the services they provide for native wildlife and that they depend and rely solely on donations from the public? Yes\_\_ No \_\_ Do you think that fundraising is important? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE SELECT THE VOLUNTEER POSITION(S) YOU ARE APPLYING FOR:**

- |   |  |
|---|--|
| <input type="checkbox"/> Animal Care Assistant (in-house)   | <input type="checkbox"/> MNR Registered Foster Care Giver (off-site) |
| <input type="checkbox"/> Community Outreach Volunteer Humane Education  | <input type="checkbox"/> Fundraising and Events Planner              |
| <input type="checkbox"/> Wildlife Transport Team, or <input type="checkbox"/> Occasional Driver   | <input type="checkbox"/> Event Volunteer                             |
| <input type="checkbox"/> Office Assistant   | <input type="checkbox"/> Kennel Cleaning                             |
| <input type="checkbox"/> Marketing and Web (includes Newsletter and Publications)   | <input type="checkbox"/> Donate time/skills/supplies/materials       |
| <input type="checkbox"/> Maintenance and/or Construction  | <input type="checkbox"/> Grounds Maintenance (outside)               |
| <input type="checkbox"/> Team Leader for: <input type="radio"/> Volunteers <input type="radio"/> Fundraising <input type="radio"/> Education <input type="radio"/> Business/Development <input type="radio"/> Maintenance |  |

**TETANUS VACCINATION:**

Niagara Wildlife Haven has a policy that all volunteers be current on their tetanus vaccination. If you have any questions about this vaccination please consult your physician.

**NOTE: The following information must be completed for your application to be considered:**

I have been vaccinated against TETANUS on: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I understand that it is my responsibility to ensure that I am properly vaccinated at all times when performing my volunteer work for **Niagara Wildlife Haven**. I release **Niagara Wildlife Haven** from all responsibility for occurrences that may result from my not being vaccinated against Tetanus and I fully understand that whatever decision I make regarding a Tetanus vaccination I do so at my own risk.

Print your name here: \_\_\_\_\_

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

**RABIES PRE-EXPOSURE VACCINATION:**

Volunteers who wish to work hands on with rabies vector species (in-house or off-site) must have an adequate rabies antibody titre in the event of accidental exposure. Preference will be given to those who can produce current proof of a sufficient rabies titre. If you have any questions about this vaccination please consult your physician. Note: Some insurance companies pay for this vaccination, others do not, as these are volunteer positions. Niagara Wildlife Haven does *not* provide rabies pre-exposure prophylaxis vaccine for volunteers. Rabies vector species include bats, skunks, foxes and raccoons.

**NIAGARA WILDLIFE HAVEN - APPLICANT'S AGREEMENT  
IN SIGNING THIS APPLICATION, I HEREBY STATE THAT  
UPON MY ACCEPTANCE AS A VOLUNTEER AT NIAGARA WILDLIFE HAVEN,  
I FULLY UNDERSTAND AND DO AGREE TO THE FOLLOWING:**

- ❖ I understand that whereas my volunteer work *may* involve contact with wild and/or domestic/exotic animals, there is a risk that I may be scratched, bitten, or may come into contact with a diseased animal.
- ❖ I agree and acknowledge that **I will report any bite or scratch, no matter how minor**, to the clinic supervisor, volunteer coordinator or Executive Director **immediately**.
- ❖ I hereby verify and do state that I have never been convicted of cruelty to animals or investigated for any incidents related to cruelty to animals.
- ❖ In consideration for the opportunity to perform any unpaid volunteer work for **Niagara Wildlife Haven**, I agree to fully release **Niagara Wildlife Haven** and its officers, employees or agents from any and all liability for any damage or injury, whether arising from this contact or a breach thereof or from any act of negligence or gross negligence by **Niagara Wildlife Haven Wildlife**, its officers, employees or agents.
- ❖ I understand that all **Niagara Wildlife Haven** information given to me and all information that I may be privy to in the course of my volunteer work is of a confidential nature and protected by privacy legislation (PIPEDA). I agree not to disclose to any individual or group, any information regarding any persons, other volunteers, members of the public, procedures, policies or activities of **Niagara Wildlife Haven** that may be made known to me during the course of my volunteering.
- ❖ I understand that it is my responsibility to acknowledge and respect all rules, regulations, practices, procedures and policies in the same manner as an employee of **Niagara Wildlife Haven** would be required to do.
- ❖ I recognize that as a volunteer it is my responsibility to ensure that appropriate education and training has been supplied to me before I commence my duties in any department.
- ❖ I will take any ideas, constructive comments, suggestions, and criticisms directly to my clinic supervisor, volunteer coordinator or the Executive Director and document them in writing.
- ❖ If communication problems develop between employees, other volunteers and myself, as a volunteer I will report these to my supervisor, volunteer coordinator or the Executive Director as soon as possible.
- ❖ I understand that when I am performing duties for **Niagara Wildlife Haven**, I may not bring friends or family members with me or invite them to the centre at any time.
- ❖ I understand that I am working for **Niagara Wildlife Haven** as an unpaid volunteer and do not anticipate or expect any paid employment or paid employment offers as a result of my volunteer activity.
- ❖ **Niagara Wildlife Haven Wildlife** has my permission to use any and all photographs taken of me during the course of my duties, to promote **Niagara Wildlife Haven** programs or to publicize any event. I understand that all prints, negatives and digital images or any other form of digital imaging become the sole property of **Niagara Wildlife Haven** and may be used without payment or prior notification.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

NOTE: *Volunteers will be contacted for interviews when there is a need for volunteers and will be assigned positions according to the needs of the facility matched with the best possible use of the individual's level of skills and knowledge.*

**Please return this application to:**

**Niagara Wildlife Haven, 461 Wright Street, Welland, Ont. L3B 2K6**

Or by email as a MS Word Document or as an Adobe PDF file with an electronic signature embedded to:  
volunteers@niagarawildlifehaven.org

-----for office use only below this line-----

Recvd: \_\_\_\_\_ Contacted: \_\_\_\_\_ Interview Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Interviewer: \_\_\_\_\_  
Notes: \_\_\_\_\_