

WildRescue

a project of EarthWays Foundation

VOLUNTEER APPLICATION

Name: _____ M / F Date Of Birth: _____

Address: _____ City: _____ Zip: _____

Phone(s): _____ Driver's Lic. _____

Email: _____

Your physical condition is: Excellent Good Fair Do you have allergies? Y N Please specify:

Have you had a Tetanus shot in the past 10 years? Y N Year: _____

Are you on any form of medication? Y N If YES, what: _____

Do you have any health problem or physical condition that may interfere with performance of duties? Y N
If YES, explain: _____

In Case of emergency notify: _____ Phone: _____

Profession/Occupation: _____ How long? _____

Insurance Providers: AUTO: _____ MEDICAL: _____

List skills/training that may be helpful to WildRescue:

Day(s) and Hours available to take a SHIFT (actually show up to a location to volunteer):

Day(s) and Hours available to be ON-CALL from home /office (in case you're needed for rescue or transport):

Do you have a favorite species/type of animal? _____

Please choose areas in which you would like to work: rescues equipment maintenance

equipment design clerical data entry accounting computer general web search

publicity press releases historian video production (PSAs) research (lead/participate)

fundraising events (organizing) fundraising events (general) procurement grant writing

public outreach interpretive programs web site (design/management) newsletter (editor)

phones (general) phones (dispatch) volunteer coordinating supplies/logistics vehicle(s)

house mother gopher

If there are other ways you would like to assist us in our mission to help wildlife, please let us know:

WE MUST RECEIVE THE AGREEMENT AND WAIVER FORM COMPLETED AND SIGNED BEFORE WE CAN PROCESS YOUR VOLUNTEER APPLICATION

SUBMIT APPLICATION / WAIVER TO WILDRESCUE P.O. BOX 2 MALIBU CA 90265 or Fax 310-267-5502

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VOLUNTEER AGREEMENT and ACCIDENT WAIVER AND RELEASE OF LIABILITY

This agreement is between EarthWays DBA WildRescue and EarthWays Foundation, hereinafter referred to collectively for the purpose of this agreement as the ORGANIZATION, and

The activities associated with participating as a volunteer for the ORGANIZATION, including but not limited to: wildlife rescues, handling and caring for wild animals, transporting wildlife, administrative and fund raising functions, hereinafter referred to collectively for the purpose of this agreement as ACTIVITIES, are not without risk. Risks include, but are not limited to: Injuries caused by animals, exposure to infectious or parasitic diseases, injuries related to the use of tools or equipment, trips, slips, and falls, exposure to toxic chemicals, motor vehicle accidents.

- I understand there is the possibility of serious injury, including permanent disability and death, severe social and economic losses, and damage to personal property, which might result not only from my own actions, inaction or negligence, but from the actions, inaction or negligence of others, wildlife, forces of nature, condition of the ORGANIZATION's premises, the condition of any equipment used. Hazards may also include, but are not limited to, illness or accident in remote places without medical facilities, and potential dangers associated with traveling associated with performing and or participating in ACTIVITIES. Furthermore, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.
- I acknowledge and fully understand the risks related to ACTIVITIES and that my involvement with the ORGANIZATION and performance of and or participation in ACTIVITIES is purely voluntary and I elect to partake notwithstanding the risks.
- I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by the ORGANIZATION and that it will govern my actions and responsibilities associated with my performance of and or participation in ACTIVITIES.
- I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, THE FOLLOWING ENTITIES OR PERSONS: EarthWays Foundation, EarthWays DBA WildRescue, Rebecca Dmytryk, the California Department of Fish & Game, the U.S. Fish & Wildlife Service, National Marine Fisheries Service, the City of Malibu, their directors, officers, employees, volunteers, representatives, agents, interns, managers, employees, heirs and assigns. (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation as a volunteer with the ORGANIZATION whether caused by negligence or otherwise. (C) Covenant not to sue any of the entities or persons mentioned in this paragraph.
- I hereby consent to receive medical treatment, which may be deemed advisable in the event of severe injury, accident and/or illness while performing and or participating in ACTIVITIES.
- I agree to abide by all requirements connected with my performance of and or participation in ACTIVITIES and the rules of conduct as set forth by the ORGANIZATION.
- I agree to uphold and abide by regulations, laws, and policies imposed by governing authorities which regulate the ORGANIZATION's activities, including but not limited to: the National Marine Fisheries Service, the California Department of Fish and Game, the US Fish and Wildlife Service, International Wildlife Rehabilitation Council, National Wildlife Rehabilitators Association.
- I understand that as a volunteer for the ORGANIZATION and while performing and or participating in ACTIVITIES my image and or voice may be recorded. Photographs, negatives, slides, scanned images (in any format), film recordings, video recordings, audio recordings, audiovisual recordings, digital samples and/or other fixations of me, my name, likeness, voice,

persona, and/or biographical data will, for the purpose of this agreement, hereinafter be referred to collectively as MATERIAL. I hereby forever assign, transfer and convey in perpetuity to the ORGANIZATION and Rebecca Dmytryk the exclusive, absolute and irrevocable ownership of all rights in, to and under the Material, including, without limitation all intellectual property rights and all future-created rights, together with the exclusive permission to use, reuse, publish, republish, broadcast, exhibit, display, print, and reprint MATERIAL in advertising, publicity or promotional material, magazines, newspapers, television, books, web sites, Digital Video Discs, Compact Discs, audio and or video tapes, and in any and all other media, whether now in existence or hereafter devised, throughout the world without any exclusions or restrictions.

- I understand that as a volunteer, I will not receive any pay or benefits such as medical insurance or worker's compensation.
- I understand it is my responsibility to have my own medical and automobile insurance. In addition, I understand and agree with the following stipulation:
- To be eligible to participate as a volunteer for the ORGANIZATION, all volunteers must show proof of current automobile insurance coverage with Bodily Injury and Property Damage limits no less than 100,000, 300,000, and 50,000. _____ (INITIAL)
- I agree not to use alcohol, controlled substances, drugs, cigarettes, or firearms while participating in and or performing ACTIVITIES.
- I authorize the ORGANIZATION to obtain information regarding my driving record and insurance coverage.
- I certify that I have read this document and I understand its contents. _____ (INITIAL)
- In the event any provision or portion of any provision of this agreement is held to be invalid, void or unenforceable, the rest of the agreement shall nonetheless remain in full force and effect and shall in no way be affected, impaired or invalidated.

This Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum permissible under applicable law.

I HAVE THOROUGHLY READ THE ABOVE AGREEMENT. I UNDERSTAND THE RISKS, AND I ALSO UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT. I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF THE RISKS INVOLVED. THE TERMS HEREOF SHALL SERVE AS RELEASE AND ASSUMPTION OF RISK FOR ME, MY HEIRS, ADMINISTRATORS AND EXECUTORS, AND FOR ALL MEMBERS OF MY FAMILY, INCLUDING ANY MINOR ACCOMPANYING ME. I HAVE READ AND AGREE TO ALL OF THESE TERMS.

PRINT NAME	SIGNATURE	DATE
Rebecca Dmytryk, Project Director		DATE