

RWRC/Volunteer Application Supplement/(CSR) Community Service Restitution

APPLICANT NAME: _____
(Last, First, Middle)

DRIVERS LICENSE/DPS ID OR SCHOOL ID # _____ STATE _____

CAUSE/CASE NUMBER(S): _____ TOTAL HOURS: _____

WHICH AGENCY REFERRED YOU? _____

WHERE & WHEN WERE YOU ARRESTED/OR TICKETED?

CITY: _____ COUNTY: _____ STATE: _____ DATE: ____/____/____

WHAT WRE YOU CHARGED WITH? _____

WHAT WAS THE OUTCOME? _____

IF YOU WERE SENT TO JAIL/PRISON: START DATE: ____/____/____ RELEASED: ____/____/____

IF ON PROBATION/PAROLE: STARTING: ____/____/____ ENDING: ____/____/____

OFFICERS NAME: _____ TELEPHONE # () _____

PAROLE OR COMPLETED SENTENCE: Yes () No ()

ARE YOU PRESENTLY UNDER CHARGES FOR A MISDEMEANOR? Yes () No ()

ARE YOU PRESENTLY UNDER CHARGES FOR A FELONY? Yes () No ()

HAVE YOU EVER BEEN CONVICTED OF THE FOLLOWING CHARGES:

Offenses against Children: Yes () No () Any Sex offenses: Yes () No () Burglary: Yes () No ()
Offenses against Women: Yes () No () Public Lewdness: Yes () No () Robbery: Yes () No ()
Indecent exposure: Yes () No () Arson: Yes () No () Theft: Yes () No ()

- **PERSONAL CELL PHONES ARE TO BE USED FOR EMERGENCY CALLS ONLY.
ABUSE WILL RESULT IN DISMISSAL FOR THE DAY AND NO HOURS GIVEN.**

The answers I have given are true to the best of my knowledge and belief. I further give permission to Rogers Wildlife Rehabilitation Center, Inc., to inquire about my qualification and/or character. I understand that the information requested by RWRC is for the purposes of reference/records check may be made by phone or in writing and will include volunteer organization, personal references and police records. The results of the records check will be for our records and the only information the files will show is whether or not I was approved or denied participation in the volunteer program. Further, any persons who may have information concerning me, to furnish such information to RWRC officials and agree to hold such persons harmless and do hereby release them from any/and all liability for damage of any nature whatsoever. I understand that failure to answer all questions fully and truthfully may result in disqualification or dismissal.

SIGNATURE: _____ DATE: ____/____/____

RWRC STAFF VERIFICATION: **PICTURE ID & #:** YES () NO () **CAUSE/CASE#:** YES () NO ()
TOTAL HOURS: YES () NO ()

RWRC STAFF SIGNATURE: _____ DATE: ____/____/____

Rogers Wildlife Rehabilitation Center

Volunteer Code of Ethics

Rogers Wildlife Rehabilitation Center, Inc., volunteer program, composed of individuals committed to the helping of injured, sick and orphaned wildlife of all types, return to their natural environment, providing a fun, safe, learning environment to the public while educating about the importance of area wildlife and conservation regardless of age, race, sex, national origin, and religious belief, social, physical or mental abilities.

I, _____ subscribe to the volunteer code of ethics and understand that compliance is a condition of continued placement as a volunteer with RWRC. I SHALL.

- Be Honest
- Be a positive role model
- Appear clean and appropriately attired
- Represent wildlife rehabilitation in a professional manner
- Avoid use of profanity while on site
- Carry out or follow policy set in place by RWRC board
- Do not use equipment or supplies for personal use
- Do not take any non-related youth from Center without official approval from Staff or Parents
- Do not consume alcohol or illegal drugs before or during the time scheduled to serve as a volunteer
- Do not engage in inappropriate behavior with staff, volunteer or patrons
- Comply with the law which shall be limited to but will include theft or property or funds
- Provide truthful application or interview information

Name Printed: _____

Signature: _____ Date: _____

Staff Supervisor: _____ Date: _____

Rogers Wildlife Rehabilitation Center

VOLUNTEER APPLICATION

APPLICANT NAME: _____ DATE: _____
(Last, First, Middle)

ADDRESS: _____ CITY: _____ STATE: _____

DRIVERS LICENSE/DPS ID/SCHOOL ID#: _____ STATE: _____

DATE OF BIRTH: ____/____/____ HOME/CELL PHONE: _____

HOW WERE YOU REFERRED? _____

LIST ANY PHYSICAL RESTRICTIONS OR ALLERGIES: _____

VOLUNTEER EXPERIENCE

	<u>AGENCY</u>	<u>SUPERVISOR</u>	<u>TELEPHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____

DAYS & HOURS AVAILABLE:

SUN () SAT () MON () TUES () WED () THUR () FRI () HOURS: _____

PERSON TO CALL IN CASE OF EMERGENCY:

NAME: _____ TELEPHONE: (____) _____

ADDRESS: _____ CITY: _____ STATE: _____

RELATIONSHIP: _____

Liability Release

The undersigned releases, indemnifies, and saves harmless Rogers Wildlife Rehabilitation Center and its agents, volunteers or employees from all liability of whatsoever kinds and character, suits, action or claims of any character, type or description or damages received or sustained by any person or persons or property arising out of the undersigned acting as a volunteer at including but not limited to personal injury, accidents, health risks, pre-existing conditions or mental illness.

I, the undersigned, acknowledge my status as a volunteer, that I am not entitled to any compensation for performance of duties as a volunteer and assume every risk of injury, including death and fully release Rogers Wildlife Rehabilitation Center from any and all liability.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

RWRC Staff Person: _____ Date: _____