



Volunteer Application

Please return to:
REGI
Attn: Volunteer Coordinator
P.O. Box 481
Antigo, WI 54409
email: raptoreducationgroup@gmail.com
(715) 623-2563

PERSONAL

Today's Date: _____

Name: _____ Phone: (____) _____ - _____
Last First

Address: _____
House # Street (Apt. #) City/State Zip Code

Email: _____ Secondary Contact: (____) _____ - _____

Current Employer: _____

*Note: we ask for employer because many companies have employee matching programs for community service & donations.

EXPERIENCE

Animal Experience:

Other Relevant Experience and Previous Jobs:

Skills applicable to REGI:

If you are a student, what is your major or area of interest _____

REGI Volunteer Agreement Form

Raptor Education Group, Inc. (REGI) volunteers are required to adhere to the following guidelines. Please read each of the following statements and initial each statement as you read them to show you agree. Any questions or concerns will be addressed during orientation.

1. I understand that REGI hold the right to terminate the volunteer position at any time.
2. I understand that friends, relatives and acquaintances may come for tours of REGI facilities only with prior approval of the Director or Rehabilitation Manager.
3. I will not take anyone into the Intensive Care Ward, Flight Building or Middle Mews without permission from the Director or Rehabilitation Manager.
4. I will report to the Director or Rehabilitation Manager any activities that compromise the health or safety of personnel or the birds.
5. I will not bring children or pets during work hours.
6. I will not or use alcohol, tobacco products or recreational drugs, etc. while on the REGI property.
7. I understand that, as with human patients, there will be cases that require my confidentiality.
8. I will follow all written and spoken instructions to the best of my ability.
9. I understand that I may have limited opportunity to hold or work with birds during my time at REGI.
10. I will immediately report any injury that I sustain while volunteering at REGI to the Director or Rehabilitation Manager.
11. I understand that working with wildlife is potentially dangerous and I will not hold REGI or any of its staff responsible for any personal injuries sustained.
12. I understand that handling birds of prey is a privilege requiring proper training.
13. I will never handle a bird at REGI without the supervision of the Director or Rehabilitation Manager.
14. I will never catch up an eagle without the supervision of the Director.

I understand and agree to the above guidelines. I know that failure to comply may result in my dismissal. I will also abide by all State and Federal Regulations.

Sign: _____ Date: _____

EXPECTATIONS

What do you hope to achieve from your time at REGI?

What are your reasons for applying?

Check all of your interests below:

- Raptor Care Waterfowl Care Songbird Care Rehabilitation Public Education
 Transporting Research Fundraising Wildlife Rescues Office Work
 Construction Maintenance Other: _____

MISCELLANEOUS

Availability:

Days	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Emergency Contact:

Name/Relation: _____

Phone Number: _____

Do you have your own transportation? _____

Are you 18 years or older? _____

How did you hear about REGI? _____

REFERENCES

Name	Phone Number	Relation	May we contact?

I acknowledge that I have answered all questions accurately and honestly. I understand that completion of this application does not entitle me to any privileges at REGI and any privilege give to me can be withdrawn at any time. I understand that acceptance into the REGI volunteer program will be contingent on an interview.

Signature: _____ Date: _____



REGI CONFIDENTIALITY POLICY

The Raptor Education Group, Inc. (REGI) is a non-profit 501(c)(3) organization dedicated to caring for injured or orphaned native bird species and public education on wildlife issues. REGI is regulated by the United States Fish and Wildlife Services, along with the Wisconsin Department of Natural Resources (WDNR). In order to comply with regulating organizations as well as for the safety and wellbeing of our patients, REGI volunteers and interns are expected to adhere to a strict confidentiality policy regarding images and information sharing outside of the organization.

Interns and volunteers agree to comply with the following regulations:

- a) Interns and volunteers will not carry cameras or other photo devices on their persons while performing duties and tasks for the Raptor Education Group, Inc.
- b) Interns and volunteers shall not take photos of REGI patients or education birds without prior permission from the director. If the volunteer or intern wishes to have photographs of work performed at REGI they may request images from the director.
- c) All images taken at the Raptor Education Group, Inc. or of REGI birds are sole property of the Raptor Education Group, Inc. and permission for use must be granted by the director.
- d) Any approved photos taken by the volunteer or intern will be for personal use only and will not be used on any social networking sites without prior approval from the director.
- e) Patient case information is strictly confidential and is not to be discussed with those outside of REGI employment.
- f) Malicious gossip and/or spreading of rumors will not be tolerated.

As a volunteer/intern of the Raptor Education Group, Inc. I have read and agree to follow the above stated regulations. I understand that non-compliance with these rules and regulations is grounds for my dismissal.

Signature: _____ Date: _____



RELEASE OF LIABILITY

The undersigned Volunteer will be performing services from time to time on behalf of the Raptor Education Group, Inc. (REGI).

The volunteer agrees with REGI that he/she will not hold the Raptor Education Group, Inc., any of its directors, officers or employees liable for any injuries or related medical or other costs or expenses incurred by the Volunteer in connection with the services performed by the Volunteer on behalf of REGI. This release of liability shall apply even if REGI or the directors, officers or employees of REGI has acted negligently or have negligently failed to act. This release of liability shall not apply, however, to the extent that the directors, officers or employees of REGI have acted intentionally or with a willful or wanton disregard for the Volunteer's safety.

The Volunteer acknowledges the inherent risks of working with animals or in the vicinity of animals, and the volunteer accepts these risks.

Volunteer's Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

Volunteer's Signature: _____ Date: _____

If Applicable: _____

Parent or Legal Guardian signature

Date

If Applicable: _____

Spouse

Date