



Volunteer Transporter 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.

Available Days/ Times for Transportation:

Days	Times
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

REFERENCES

Name	Phone Number	Relation	May we contact?

Geographical Areas Transporter may Cover: (Please list all cities/regions you can cover)

Notes: (ie. Leave a message when we call, will only transport small birds, etc.)

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that completion of this application does not entitle me to any privileges at REGI and any privilege give to me can be withdrawn at any time.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.

Volunteer transporters agree to comply with the following regulations:

- a) Volunteers will not have birds in their possession for more than 24 hours as issued by state law. They will bring the bird directly to REGI.
- b) Volunteers shall not take photos of REGI patients or education birds without prior permission from the director. If the volunteer 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 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 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: _____

Spouse

Date