

## *Wings Rehabilitation Centre*



5281 Middleside Road, RR 4  
Amherstburg, ON N9V 2Y9

Phone: 519-736-8172

Email: wingsrehab@xplornet.com

Web: www.wingsrehab.ca

## **WINGS REHABILITATION CENTRE ADULT VOLUNTEER APPLICATION**

**Volunteers are the Lifeline of Wings!**

Each year, volunteers contribute a great deal of time, energy and talent to help Wings care for orphaned and injured wildlife in distress. Your offer of assistance on behalf of our wildlife mammals and birds is very much appreciated.

### **As a volunteer you can expect:**

- A supervisor to assist with your inquiries and provide the training necessary to complete your volunteer work.
- A work schedule personally designed to complement your time availability and family obligations through our 3 Step Volunteer Program.
- The opportunity to make a worthwhile difference in the life of an orphaned or injured wildlife species, by helping to facilitate a successful return to the wild.

### **WHAT ARE YOUR RESPONSIBILITIES AS A WINGS VOLUNTEER**

#### **As a volunteer you are expected to:**

- Respect and abide by all Wings policies and procedures.
- Follow all criteria in Wings 3 Step Volunteer Program.
- Consider your own health, safety and well-being (as well as the welfare of other workers and volunteers) when working with wildlife.
- Disclose any medical condition or limitations you have that could affect the way you help Wings.
- Comply with any reasonable direction that your supervisor gives you in relation to health, safety, wildlife care and transport.
- Understand and accept all medical decisions made by Wings Animal Overseer, especially when release of suffering by euthanasia is the kindest, most humane option for diseased or impaired wildlife who will never regain full function or release back into the wild.

#### **Please Note:**

Completion of this Volunteer Application, Agreement and Release  
Does not guarantee placement as a volunteer with Wings

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Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

# GETTING TO KNOW YOU!

Circle your age group:      18 – 21      22 – 30      31 – 40      41 – 50      51 – 60      60 +

Are you?     Single     Married                      Do you drive?     Yes     No

Are you employed?     Yes     No     Full Time     Part time     Retired

Do you have reliable transportation to and from Wings Head Office?     Yes     No

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Circle any five of the following words that best describes your personality:

PUNCTUAL	STRONG-MINDED	TRUSTWORTHY	AMBITIOUS
ASSERTIVE	FLEXIBLE	QUIET	RESPONSIBLE
COURTEOUS	OPPORTUNISTIC	SELF-RELIANT	HONEST
TACTFUL	RELIABLE	QUICK TEMPERED	RESOURCEFUL
GOOD-NATURED	PATIENT	CREATIVE	FRIENDLY
DEDICATED	TASK-ORIENTATED	PESSIMISTIC	CARING

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Are there any restrictions on the days or times you can volunteer?     Yes     No

If yes, what restrictions? \_\_\_\_\_

\_\_\_\_\_

When can you start your volunteer service? \_\_\_\_\_

If an emergency arose, would you be willing to fill-in, even though it was not your scheduled day to volunteer?

\_\_\_\_\_

Have you worked with animals or wildlife previously? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any previous volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to work with other volunteers as part of a team effort?  Yes  No

Are you the type of person who can accept and learn from constructive criticism?  Yes  No

Do you understand that Wings Rehabilitation Centre is run out of our private home. We need our privacy and expect consideration in this regard.

Do you agree?  Yes  No

Please tell us a little bit about yourself – your interests, hobby's, family, special talents, whatever you would like to share.

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

How do you feel that a volunteer placement with Wings will benefit you?

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

If sickness or an emergency arose and you could not work your scheduled shift, what would you do?

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

As a Wings volunteer, you will be in contact with the public and should at all times be aware that your actions are reflected on Wings. Our organization has worked hard to establish our good name by providing essential rehabilitation services in an atmosphere of loving concern and compassionate care. Good manners should be exercised at all times. If you find yourself losing control, please be courteous but pass the call on to someone who is more experienced in handling these types of situations.

Do you agree?  Yes  No

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**WINGS VOLUNTEER  
AGREEMENT/RELEASE FORM**

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I, the undersigned, hereby agree to accept a position as a volunteer for Wings Rehabilitation Centre, and in doing so:

1. I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of Wings Rehabilitation Centre.
2. I recognize that in handling wildlife animals and performing other volunteer tasks, there exists a risk of injury, including physical harm.
3. I hereby assume all risks involved in any and all duties that I perform for Wings in my volunteer capacity. Such duties might include, but are not limited to, animal handling, custodial work including cage cleaning, staff assistance, clerical and other volunteer assignments.
4. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Wings Rehabilitation Centre, its agents, servants, and employees from any and all claims, causes of actions or demands of any nature or cause, connected with my Volunteer Agreement.

Should I become incapacitated at any time while performing my volunteer duties at Wings, the following person (s) will serve as my emergency contact (s):

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Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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I ACKNOWLEDGE THAT I HAVE READ AND TRULY UNDERSTAND THE TERMS AND CONDITIONS OF THE FOREGOING VOLUNTEER AGREEMENT AND THAT I WILL COMPLY WITH THE SAME.

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\_\_\_\_\_  
Date  
Wings Representative

\_\_\_\_\_  
Volunteer Signature