



## VOLUNTEER APPLICATION

Thank you for your interest in volunteering at *The Nature of Wildworks*. To maintain our quality and fulfill our goals, Wildworks relies on dedicated volunteers. If you are interested in becoming one of our volunteers, please complete this packet and mail us the signed originals. We will then contact you and discuss your interests and our needs. *Please Note:* opportunities to work with the animals are very popular and may not be available. However, we are always in need of people to help us with events, administration, and other operational tasks.

### PERSONAL INFORMATION

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Physical Condition  Excellent  Good  Poor Date of last tetanus vaccination: \_\_\_\_\_

Are you able to lift and carry 50 lbs repeatedly?  Yes  No Do you have any allergies?  Yes  No

Do you have any health problems, allergies, or taking medications that may interfere with your performance of duties, including but not limited to handling or care of the animals, facility maintenance and/or assisting at event set up or clean up?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

### AVAILABILITY

Monday \_\_\_\_\_ Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Other \_\_\_\_\_

**SKILLS AND EXPERIENCE**

Please mark all those areas in which you have professional or volunteer experience:

- |                                    |                             |                                  |
|------------------------------------|-----------------------------|----------------------------------|
| _____ Animal Care Experience       | _____ Veterinary Experience | _____ Animal Training Experience |
| _____ Public Presentations/ Acting | _____ Carpentry             | _____ First Aid/CPR              |
| _____ Fundraising                  | _____ Grant Writing         | _____ Marketing                  |
| _____ Clerical/Office              | _____ Computer              | _____ Web Design/Maintenance     |
| _____ Education                    | _____ Photography/Video     | _____ Other:                     |

Current Occupation: \_\_\_\_\_

Past Animal Experience (if relevant)

Name of Facility	Start/End Dates	Type of Position	Duties/Responsibilities
		<input type="checkbox"/> Staff <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Staff <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	
		<input type="checkbox"/> Staff <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer	

Which of the above may we contact for references? \_\_\_\_\_

**ADDITIONAL COMMENTS**

I certify that to the best of my knowledge, the above information is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return a signed original of this application and the visitor release form to:

The Nature of Wildworks  
 PO Box 109  
 Topanga, CA 90290

A Non-Profit Wildlife Care  
&  
Education Center



Caring for wild animals available  
for educational presentations for  
schools, organizations & other  
special occasions

## VISITOR WAIVER AND RELEASE OF LIABILITY FORM

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

I wish to visit and/or participate in activities on the property of THE NATURE OF WILDWORKS. I understand that I do so at my own risk. In exchange for being permitted to visit and/or participate in activities, I hereby release and waive THE NATURE OF WILDWORKS, its Directors, Officers, and Agents, or any entities affiliated with the foregoing from liability for any and all loss, damage, injuries, claims, demands, lawsuits, expenses and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my visit or participation in any activity.

I further agree to hold harmless, indemnify and reimburse the Released Parties from and for any sums, costs, or expenses incurred by any of the Released Parties or paid by them to any person (including me or my insurers) in connection with any accident, loss, damage, or injury sustained by me or others in connection with my attendance at or participation in the above-described activity. This means that I will reimburse the Released Parties if anyone makes a claim against them based on damages or injuries I may suffer.

I understand that I am not to touch any of the wild or exotic animals housed at The Nature of Wildworks Care and Education Center while visiting or participating in activities at the facility unless instructed to do so by an official staff member. I have also been instructed not to tease the animals, put hands or fingers on the cages or to lean against the cages where the animals are housed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date