



WASSON
MEMORIAL
WILDLIFE

707.263.5380
fax 707.263.1525
3083 HWY 175
LAKEPORT CA 95453

VOLUNTEER APPLICATION

DATE _____
NAME _____
PHONE #'s _____
ADDRESS _____
EMAIL _____

Do You Live: ___ In Town? ___ On Acreage? (amount _____) ___ On Lakefront? Other _____

VOLUNTEER INTERESTS:

(See "Species Considerations" requirements list to decide which are appropriate)

___ Hand raising baby birds	___ Raccoons*	___ Re-Hab sick/injured birds
___ Rodents	___ Foxes*	___ Waterfowl
___ Squirrels	___ Coyotes*	___ Songbirds
___ Rabbits	___ Otters*	___ Crows/Ravens
___ Opossums	___ Bob Cats*	___ Blue Jays
___ Bats	___ Reptiles	___ Raptors (Hawks, Owls, etc)
___ Fawns		___ Doves, Pigeons, etc.
___ Other _____		___ Other _____

*Requires Rabies Vaccination

___ Transporting wildlife to Santa Rosa/Fairfield/UC Davis/Roseville
___ Phone Duty – Screening calls & giving out wildlife information
___ Other, explain: _____

AVAILABILITY (full-time, part-time, summer, occasional) _____

PREVIOUS ANIMAL _____

CARE EXPERIENCE _____

IN-HOME FACILITIES (spare room, space in barn/stable/chicken coop, aviary): _____

HOUSEHOLD INFO (children & ages, dogs/cats/birds, farm animals, etc): _____

Do you have any allergies to medicines or animals? _____ (if yes, please explain on back)

Have you received the pre-exposure rabies vaccine? _____

___ I AM WILLING TO PARTICIPATE IN REGULAR TRAINING, SIGN THE STATE MEMORANDUM OF UNDERSTANDING, AND COMPLY WITH ACCEPTED AND LEGAL WILDLIFE REHABILITATION POLICIES.

___ I UNDERSTAND THAT WASSON MEMORIAL WILDLIFE CARRIES NO INSURANCE. I WAIVE ANY AND ALL RESPONSIBILITY ON THEIR PART FOR INJURIES OR ILLNESSES I OR MY HOUSEHOLD MAY SUFFER.

___ I AM WILLING TO PAY FOR AND RECEIVE PRE-EXPOSURE RABIES VACCINES IF I WANT TO REHABILITATE RABIES VECTORS.

The above is true and correct. _____ Date _____

Anyone under 18 years of age must have parent/guardian signature: _____