



REHABILITATION VOLUNTEER CONTRACT

1. As an AWBRC rehabilitation volunteer, I will show proof of a current tetanus shot.
2. I understand that if I cannot work on my assigned day, it is my responsibility to find a replacement to cover that work day. If I cannot locate a replacement from the volunteer list, I will call before my scheduled reporting time and let someone (preferably the lead volunteer for my day) know that I will not be available.
3. The Alaska WildBird Rehabilitation Center Office phone number is 892-1670.
4. I am neither an employee, agent, nor am I associated with the Alaska WildBird Rehabilitation Center in any capacity other than as a volunteer and therefore hold the Alaska WildBird Rehabilitation Center and its associates harmless and free of any and all claims which may arise as a result of my volunteer activity.
5. I also acknowledge that I am fully aware of the Alaska WildBird Rehabilitation Center avian species' ability to inflict bodily harm. Therefore, I, the undersigned volunteer, accept the responsibility for any such physical and/or psychological injury that I may suffer while working with avian species. Furthermore, I will not hold the Alaska WildBird Rehabilitation Center, its officers, directors, staff, or volunteers responsible for any costs related to any and all injuries incurred while working with or as a result of exposure to the Alaska WildBird Rehabilitation Center avian species.
6. I understand that I will receive no wages or compensation of any kind for my volunteer activities with Alaska WildBird Rehabilitation Center.
7. I fully understand and accept the conditions outlined in this contract as a requisite for my participation as a volunteer with Alaska WildBird Rehabilitation Center.

Volunteer Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date \_\_\_\_\_ Home Phone \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Signature of Parent/Guardian if under 18 years of age \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency or injury, please contact the following person:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Day(s) of week agreed upon to volunteer - Morning 9 to 1 or Afternoon 1 to 5 \_\_\_\_\_

Effective \_\_\_/\_\_\_/20\_\_