

# Amazing Grace Bird Rescue

## Volunteer Application

Rehabilitation, Evaluation & Education Est. 2002

PO Box 341

Mascoutah, IL 62258-0341

### Contact Information:

**Please fill in completely and legibly as any blank spaces or illegible words will result in this application being set aside or denied.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

(If under 18, you must be accompanied by a parent or legal guardian during volunteer time.)

### Emergency Contact:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

This person is aware that you have listed them for emergency purposes? \_\_\_\_\_

### How did you hear about Amazing Grace Bird Rescue?

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

### References: (Please list only one relative)

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ How long have you known them \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ How long have you known them \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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

Relationship \_\_\_\_\_ How long have you known them \_\_\_\_\_

## Volunteer Interests & Expertise:

What experience have you had with birds?  **None**  **Owned**  **Cared for as a part of a job at:**

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If you have owned, are they still in your home?  **Yes**  **No**

If yes, what species, how many, and how long have they been in your home? \_\_\_\_\_

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What skills do you possess that might be an asset this organization? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When are you able to volunteer?  week days  weekend  morning  afternoon  evening  varies

How often would you be available to volunteer, if known? \_\_\_\_\_  
\_\_\_\_\_

Are you or have you ever been a breeder of birds or other animals?  Yes  No

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

**Please indicate all areas in which you would be interested in volunteering:**

BIRD CARE AT AMAZING GRACE BIRD RESCUE Socializing, playing, handling of animals, feeding, cutting fruits & veggies, making warm meals, rotating toys, grooming, cleaning cages, changing cage paper, cleaning pet care areas, etc  Yes  No **Jobs may be separated, rotated or individually assigned.**

FOSTERING IN YOUR HOME **A SEPARATE APPLICATION MUST BE FILLED OUT TO FOSTER BIRDS**  
Since we work in a foster care system, volunteering for this duty should be reserved for those whom are experienced in the proper care of parrots.

FUNDRAISING (grant writing, other types of organized ways to accrue funds)  Yes  No

Would you be available on-call for emergencies?  Yes  No

Do you own a:  Pick-up Truck  Van  SUV?

Would you be available to transport birds and/or cages?  Yes  No

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I hereby certify that the information I have provided in this Volunteer Application are true and complete to the best of my knowledge. I also certify that I have never been convicted of any criminal misdemeanor or felony in the State of Illinois or any other U.S. State or the U.S. Military or under the jurisdiction of any Foreign Nation, State, Province, Municipality, or Military.

I understand that volunteering at Amazing Grace Bird Rescue means that either the Company or I can terminate the relationship at any time, with or without prior notice, and with or without cause.

I, the undersigned, acknowledge that I am aware that some of the animal residents that currently reside at Amazing Grace Bird Rescue are formerly abused/neglected animals whose behavior, temperament, and health are unknown. I am also aware that there are risks in visiting and/or handling exotic birds, including illness or injury to pets or myself and /or damage to my property.

I hereby release Amazing Grace Bird Rescue and any of its appointed agents and all respective employees and employers from any liability related to any damages, injury claims, and expenses of any nature arising from my participation as a volunteer for Amazing Grace Bird Rescue.

\_\_\_\_\_  
*Applicant's Signature*                      *Print Applicant's Name*                      *Date*

\_\_\_\_\_  
*(If under 18, parent or guardian's signature)*                      *Print Parent or Guardian's Name*                      *Date*

\_\_\_\_\_  
*Amazing Grace Representative Signature*                      *Print Amazing Grace Representative Name*                      *Date*

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For Office Use Only:

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