

Hello,

Thank you for your interest in WildAid.

We believe our volunteers are an essential element of the programs here at WildAid. For this reason, time is the greatest gift. From event support and outreach to research and fundraising, you can help us reduce the demand for endangered wildlife products.

Please e-mail a brief cover letter detailing your interests and this volunteer application directly to [info@wildaid.org](mailto:info@wildaid.org).

We look forward to learning more about you!

# WILDAID

Application Date: \_\_\_\_\_

# WILDAID

## Application for Volunteer

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Check office/location:

|               |       |         |       |
|---------------|-------|---------|-------|
| San Francisco | _____ | London  | _____ |
| Galapagos     | _____ | Toronto | _____ |
| India         | _____ | China   | _____ |

Check Available Months:

|          |       |          |       |           |       |
|----------|-------|----------|-------|-----------|-------|
| January  | _____ | February | _____ | March     | _____ |
| April    | _____ | May      | _____ | June      | _____ |
| July     | _____ | August   | _____ | September | _____ |
| November | _____ | December | _____ |           |       |

Availability:

|                |       |      |       |
|----------------|-------|------|-------|
| Weekdays AM    | _____ | Time | _____ |
| Weekdays PM    | _____ | Time | _____ |
| Special Events | _____ |      |       |

### PLEASE PRINT AND PROVIDE ALL INFORMATION

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

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

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

Zip: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

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

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

Are you legally able to work in the county you are applying for: \_\_\_\_\_

Have you ever been convicted of a crime, felony or illegal behavior? \_\_\_\_\_

If so, explain: \_\_\_\_\_

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## Additional Information

**Please list any special talents, skills, or hobbies that you feel will benefit WildAid.**

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**Please list your volunteer experience:**

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**What you like to learn from your volunteer experience?**

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**Languages: Please list your languages and level of fluency**

\_\_\_\_\_:  
\_\_\_Some \_\_\_Conversation \_\_\_Competent \_\_\_Native \_\_\_Written

\_\_\_\_\_:  
\_\_\_Some \_\_\_Conversation \_\_\_Competent \_\_\_Native \_\_\_Written

\_\_\_\_\_:  
\_\_\_Some \_\_\_Conversation \_\_\_Competent \_\_\_Native \_\_\_Written



## Volunteer Guidelines

I understand that to become and remain eligible for the volunteer program I will not receive any pay or benefits such as medical insurance or worker's compensation.

I agree not to use or possess alcohol, drugs, controlled substances or firearms while working in the WildAid offices or at WildAid outreach events.

I have read and understand WildAid's outreach and public education procedures, and agree to abide by them.

I understand that WildAid reserves the right to discontinue my volunteer or intern participation at any time, and for any reason.

**The undersigned acknowledges that s/he has read, understands, and fully agrees to abide by guidelines stated above.**

Print name:

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Signature:

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Date:

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Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



## **Participant's Release, Waiver of Liability and Confidentiality**

I \_\_\_\_\_ [print name], in consideration of my volunteer participation with WildAid, recognize and acknowledge that participation may require vigorous physical activity that involves risks of bodily injuries, both known and unknown, including without limitation, bruises, scrapes, abrasions, infections, broken bones, wounds from bites, trauma, scarring, fear and mental anguish, and property damages, both known and unknown. Further, I recognize and acknowledge that other risks include, but are not limited to tool injuries, trips, falls, falling objects, and motor vehicle mishaps. I understand that the description of these risks is not complete and that other unknown or unanticipated risks may result in injury or death. I agree to assume the responsibility for the risks identified herein and those risks not specifically identified. Participation in this program is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of the risks. I acknowledge and do hereby certify that I am in good physical health, and have no illnesses, disabilities, injuries nor physical conditions (i.e. cardiovascular disease, pregnancy) which would prevent or hinder my safe participation in this program, and hereby release and hold harmless the corporations, organizations, directors, officers, agents, employees, volunteers, successors, and assigns of WildAid, from any and all actions, causes of action, claims, demands, damages, costs, expenses, attorney's fees, compensation and all consequential or other damages now accrued or hereafter to accrue to or for my benefit. I hereby grant the right to record and/or broadcast my participation and to use my name, likeness, voice and biographical information concerning me in connection therewith in any and all media throughout the world.

I will not share, solicit, or otherwise transfer information about WildAid, or WildAid's materials, to outside sources without approval from WildAid staff.

I warrant that I am 18 years of age or older, and that I have read, fully understand, and agree to the foregoing terms.

Signature:

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Date:

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