HORIZON WINGS	Volunteer Form	
Address	Last Name	
City/State/Zip		
Home Phone	Cell Phone	Texting □YES □NO
Email		
Please tell us a little abo	ut yourself and why you are interested in Horiz	on Wings:

I am interested in the following activities (please check all that apply):				
□ Rehabilitation of injured raptors	Feeding and watering birds	Feeding and watering birds		
□ Assist with daily chores (cleaning cages, laund	y, etc.,) \Box Assist with public presentations ar	□ Assist with public presentations and educational		
	programs			
Outdoor projects (construct new aviaries and	other 🛛 🗆 Facility maintenance (mowing, sno	Facility maintenance (mowing, snow blowing,		
enclosures)	painting, etc.,)	painting, etc.,)		
Event Organizer	Fund Raising	Fund Raising		
Promotional Mailings	Transportation	□ Transportation		
Other:				
Previous Experience:				
Have you ever rehabbed before?	What species?			
Have you ever rehabbed before?	What species?			
Have you ever rehabbed before? Were you with a group?	What species? Are you still with them?			
		rmits related to		
Were you with a group?	Are you still with them?	rmits related to		
Were you with a group?	Are you still with them? Do you have or have ever had any per Wildlife Rehab?	rmits related to		
Were you with a group? Why did you leave?	Are you still with them? Do you have or have ever had any per Wildlife Rehab? YES □NO	rmits related to		
Were you with a group? Why did you leave? Availability: Do you work outside of your home	Are you still with them? Do you have or have ever had any per Wildlife Rehab? YES □NO	rmits related to		
Were you with a group? Why did you leave? Availability: Do you work outside of your home Are you able to commit to volunteering 2 hours	Are you still with them? Do you have or have ever had any per Wildlife Rehab? PYES DNO eekly? DYES DNO	rmits related to		

Agreement and Signature:

I understand that rehabilitation and any contact with wild animals and/or items related to wild animals is inherently dangerous. I am aware that there are risks related to volunteering with Horizon Wings. I understand that it is my responsibility to make decisions that ensure my safety and that of my family and others as it relates to any activities that I may perform for Horizon Wings. Children may not be rehabbers. No children will accompany me during volunteer work unless prior permission is obtained.

Name (Print)_____

Signature

Date____

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