



2019 Volunteer Application

Thank you for your interest in volunteering at the Alaska Wildlife Conservation Center.

Name: _____

Address: _____ Phone number: _____

Email: _____

Date of birth (minimum age is 16 years): _____

Emergency contact person and relation to you: _____

Emergency contact phone number: _____

Copy of Driver's License: Yes ___ / No ___

Availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Please check next to the item/s you have an interest in volunteering:

- Animal Care (making animal diets, cleaning up poop, and washing dishes)
- Education/school groups (will require a background check which will be paid for by AWCC)
- Keeper chats/roving interpretation (interacting with visitors, giving 10-15 minute chats about animals)
- Gardening/grounds keeping (watering, weeding, picking up trash)

Special skills or qualifications:

Summarize special skills, qualifications and certifications you have acquired from employment, previous volunteer work, education, and/or other activities.

Please provide us with the name, number, and email address of three references:

Name:	Number:	Email address:
1.		
2.		
3.		

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, or disability.

Please send this application to: Volunteer Coordinator at volunteer@alaskawildlife.org



2019 Volunteer Release Form

To the best of my knowledge, I am in good physical condition and fully able to participate in volunteering at The Alaska Wildlife Conservation Center (AWCC) located in Portage Alaska. I am fully aware of the risks and hazards connected with the participation in volunteering, including physical injury or even death, and hereby elect to voluntarily participate in this program, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of volunteering with the Alaska Wildlife Conservation Center. I understand that I will receive no wages or compensation of any kind for my volunteer activities with the Alaska Wildlife Conservation Center.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AWCC, the Board of Directors, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in volunteer activities, or while on the premises where volunteer activities are taking place.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of Alaska.

I HEREBY ACKNOWLEDGE AND AGREE that any photographs or other recordings of me taken during volunteer activities may, without any requirement of payment to me or further consent by me, be used by the Organizers, or any one of them, for any purpose, including for promotional or advertising purposes as the Organizers, or any one of them, may deem appropriate.

In signing this release, I acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Date

Event

Participant Signature

Print Name

Parent's Signature (if under 18)

Parent's Printed Name