

Intern Registration Form

Name: _____ Date: _____

Address: _____ Age: _____

City: _____ State: _____ Zip: _____

Phone # _____ Cell # _____

E-mail _____ Date of last tetanus booster: _____

List your past animal handling skills or related jobs:

Do you have any experience with wildlife rehabilitation? Y or N _____

Describe: _____

Do you have any experience with environmental education programs? Y or N _____

Describe: _____

What is your educational background: Major: _____ Minor: _____

Describe: _____

If accepted as an intern, where will you stay: _____

Do you have reliable transportation: Yes or No _____

How did you hear about our internship position: _____

When would you be available to start: _____

Emergency contact: _____

What made you decide to apply for the internship position at Possumwood Acres?

Intern Agreement

I, _____ agree that I have accepted an Intern position at Possumwood Acres Wildlife Sanctuary in Hubert, NC.

I agree that I have accepted this position and do not expect to be provided with housing, meals, or monetary compensation.

I agree that I must provide proof of a current Tetanus Booster (within the past 5 yrs.), and am not auto-immune system compromised or pregnant at this time.

I agree that if my medical condition changes, I must provide a note of clearance from my physician before being allowed to work with any animals directly.

I agree that I will be expected to work a minimum of 30 hours per week during the hours of 9 AM to 9 PM while the sanctuary is open, and my schedule will include shifts for both weekdays and weekends.

I agree that I must work a minimum of 6 weeks in order to receive a Certificate of Completion.

I agree to abide by the Rules and Regulations and all policies of Possumwood Acres Wildlife Sanctuary while I am interning there.

I agree that I will not hold Possumwood Acres Wildlife Sanctuary liable for any injuries that occur while I am interning.

I agree that in exchange for free housing at Possumwood Acres Wildlife Sanctuary I will work a minimum of 40 hours per week during the minimum 6 weeks. [This is a limited opportunity]

(Signature)

(Date)

ANIMAL HANDLING WAIVER FORM

_____ I understand that I will not, under any circumstances, enter Squirrely Boy's cage. My initials indicate I am aware that my volunteer services at PAWS will be terminated if I am seen in his cage.

_____ I understand that I may not handle (pick up, groom, feed) rehabilitating and resident animals at any time unless I have first been authorized by Toni O'Neil. This directive applies to any friend or family member who may be on the sanctuary grounds with me. My initials indicate that I agree to these terms of animal handling.

_____ I understand I must have express permission from Toni O'Neil before I can learn to feed and care for all raptors. My initials indicate I am aware that my volunteer services at PAWS will be terminated if I gain unauthorized entry into any enclosure.

_____ I understand that I may not pursue legal action against PAWS for any reason at any time. This applies to any friend or family member that accompanies me to the sanctuary grounds.

Print name _____

Signed _____ Date _____

Witness _____ Date _____

Volunteer Rules of Conduct

_____ I understand that I will be asked to leave immediately for violating any rules, regulations, or policies of Possumwood Acres Wildlife Sanctuary.

_____ I understand that the use of alcoholic beverages is prohibited during working hours and is not allowed on the premises.

_____ I understand that the use of any illegal substances or drugs, or just having illegal substances or drugs in your possession on Possumwood Acres property is grounds for immediate termination of services.

_____ I understand that the use of violence or threat of violence in any situation against a fellow volunteer or staff member is grounds for immediate termination of services.

_____ I understand that the use of violence, threat of violence, or rough/abusive/unsafe handling in any situation used against any animal or bird is grounds for immediate termination of services.

_____ I understand that bringing a firearm or other weapon onto Possumwood Acres property is grounds for immediate termination of services.

_____ I understand that I may be asked to leave immediately if the Director of Possumwood Acres feels it is in the best interest of the sanctuary or for the safety of the other volunteers, staff, or animals.

Printed Name

Date

Signature

Signature of Witness

Date

Consent to Taking and Publication of Photographs/Video

Name_____

Date_____

In the interest of promoting or informing the public concerning activities conducted at **Possumwood Acres**, I consent that photographs and/or videotapes may be taken of me under the following conditions:

1. The photographs/videotapes may be taken only with my consent (or the consent of a direct parent/guardian if the subject is under 18 years of age).
2. The photographs/videotapes shall be taken by a photographer or videographer approved by **Possumwood Acres**.
3. The photographs/videos shall be used for publicity or education. Such photographs/videos and information relating to my involvement may be published and republished in **organization** publications or used for any other purpose deemed proper in the interest of **Possumwood Acres** or to promote the activities of **Possumwood Acres**, including its website or other social media outlets.
4. I grant this consent as a voluntary contribution in the interest of **Possumwood Acres** and acknowledge and waive all rights I may have to any claims for payment in connection with the use of photographs/videotapes taken under this consent.

I consent to be photographed and/or videotaped:

Print Name (Subject or person authorizing consent)

Signature

Photographer's /videographer's name