

Wolves Offered Life & Friendship

IRS Tax Exempt Status Under Section 501(c)(3)
United States Dept. of Agriculture, Licensed Exhibitor
The Association of Sanctuaries, Accredited Member
American Sanctuary Association, Accredited Member
Colorado Nonprofit Corporation
Colorado Dept. of Agriculture, Licensed Animal Shelter & Rescue
Colorado Division of Wildlife, Licensed Wildlife Exhibitor Park
Alaska Wildlife Alliance, Member



Post Office Box 1544
La Porte, CO 80535
(970) 416-9531
web site: www.wolfsanctuary.net
e-mail: info@wolfsanctuary.net

Volunteer Application and Profile

name, last: _____ first: _____
mailing address: _____
city: _____ state: _____ zip: _____
phones home: _____ work: _____ cell: _____
e-mail address: _____

After reading the descriptions of needs for our organization, if you feel you can be of assistance in one or more of the areas, please place a check mark and return the form to our volunteer coordinator, Brandy.

Volunteers will be trained at the facility. Volunteers must be members of Wolf and have paid the current year membership: Student:\$25 Non-student:\$35 Family: \$45

Rescue

- _____ Initiate & maintain working relationship with Animal control facilities in our area.
- _____ Respond to calls requesting animal placement.
- _____ Referral adoption communications.
- _____ **Shelter**
- _____ General maintenance and animal care.
- _____ New enclosure planning/construction.
- _____ Special animal relationship development/maintenance.
- _____ Special food (raw meat) donation pickup/processing.
- _____ Animal placement database development/screening.
- _____ General medications/procedures activities.
- _____ Assist in evacuation of animals in case of emergency.

Education

- _____ Respond to verbal/written requests for information.
- _____ Newsletter preparation/production.
- _____ Initiate program interest to groups/organizations.
- _____ Present program to groups/organizations.
- _____ Animal handling at programs.
- _____ Initiate participation in community events/shows.
- _____ Work booths at community events/shows.

General

- _____ Donation sources development/maintenance.
- _____ Correspondence reception/response.
- _____ General bookkeeping.
- _____ Grant search/applications.

I am able to devote time to volunteering on the following day(s):

Please describe any special skills, training, or education:

If you wish to devote time to the organization but do not have a set time or day, you may wish to contact Brandy at 970-224-1295, and discuss other ways you may lend a hand. Remember that volunteering does not mean you have to be able to go to the Wolf facility. Many important tasks may be performed in your own home or locally.

Thank you for your interest.

Please return form to: **Wolf**
Brandy Russell
Post Office Box 1544
La Porte, CO 80535

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Volunteer Liability Release

I, the undersigned, acknowledge that I am volunteering my time and labor to assist W.O.L.F., a Colorado non-profit corporation, in its efforts to care for wolves and wolf-dogs. My volunteer efforts may bring me into contact with wolves and/or wolf-dogs, and there may be dangers associated with such contact. I will likely be working in a forest environment where I will be exposed to potential natural hazards such as fallen trees, large rocks, uneven terrain and the like, and there may be dangers associated with working in such an environment. I know the risks and dangers involved in this activity. I also know that unanticipated and unexpected dangers may arise during this activity. I assume all risks of injury to my person and property, regardless of the nature and cause of the injury, which may be sustained in connection with my volunteer activities for W.O.L.F.

I hereby, for myself, my heirs, administrators and assigns, release and discharge W.O.L.F., its members and its directors and all other volunteers, as well as Patricia and Frank Wendland, the owners of the premises, from any and all liability, claims, demands, actions and causes of action of any sort, for injury sustained to my person and/or property during my volunteer activities due to negligence or any other fault.

I certify that my participation in this activity is voluntary, and that I am not, in any way, the employee, servant or agent of W.O.L.F., a Colorado non-profit corporation, nor of Patricia and Frank Wendland, the owners of the premises.

I also certify that I have read, understand and agree to follow the procedures and policies associated with volunteer activities.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

name (printed)

date

name (signed)

address

city, st, zip

telephone

IF UNDER 18 YEARS OF AGE – PARENT SIGNATURE

parent name (printed)

date

name (signed)