



EXOTIC AVIAN SANCTUARY OF TENNESSEE

Volunteer Application

Please fill in completely and legibly as any blank spaces or illegible words will result in this application being set aside or denied.

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

(If under 18, you must be accompanied by a parent or legal guardian during volunteer time.)

Emergency Contact:

Name _____

Relationship _____

Address _____ State _____ Zip Code _____

Phone number _____ Cell Phone _____

E-Mail Address _____

This person is aware that you have listed them for emergency purposes? _____

How did you hear about Exotic Avian Sanctuary of Tennessee?

References: (Please list only one relative)

1. Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ How long have you known them _____

2. Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ How long have you known them _____

3. Name _____ Phone Number _____

Address _____

City _____ State _____ Zip Code _____

Relationship _____ How long have you known them _____

Volunteer Interests & Expertise:

What experience have you had with parrots? **None** **Owned** **Cared for as a part of a job at:**

If you have owned, are they still in your home? **Yes**____ **No**____

If yes, what species, how many, and how long have they been in your home? _____

What skills do you possess that might be an asset to this organization? _____

What do you hope to gain from your volunteer experience? _____

When are you able to volunteer? weekdays weekend morning afternoon evening varies

How often would you be available to volunteer, please be as specific as you can.

Are you or have you ever been a breeder of parrots or other animals? Yes____ No____

If yes, please explain: _____

Please indicate all areas in which you would be interested in volunteering:

PARROT CARE: Socializing, interacting, feeding, cutting fruits & vegetables, making warm meals, rotating toys, grooming, cleaning aviaries, changing cage paper, cleaning pet care areas, making toys, etc.

Yes____ No____ (Jobs may be separated, rotated or individually assigned.)

FOSTERING IN YOUR HOME: (A SEPARATE APPLICATION MUST BE FILLED OUT TO FOSTER PARROTS)

Since we work in a foster care system, volunteering for this duty should be reserved for those whom are experienced in the proper care of parrots.

FUNDRAISING: (grant writing, other types of organized ways to accrue funds) Yes____ No____

Would you be available on-call for emergencies? Yes____ No____

Do you own a: **Pick-up Truck Van SUV?**

Would you be available to transport parrots and/or cages? **Yes**____ **No**____

I hereby certify that the information I have provided in this Volunteer Application are true and complete to the best of my knowledge. I also certify that I have never been convicted of any criminal misdemeanor or felony in the State of Tennessee or any other U.S. State or the U.S. Military or under the jurisdiction of any Foreign Nation, State, Province, Municipality, or Military.

I understand that volunteering at Exotic Avian Sanctuary of Tennessee means that either the Company or I can terminate the relationship at any time, with or without prior notice, and with or without cause.

I, the undersigned, acknowledge that I am aware that some of the animal residents that currently reside at Exotic Avian Sanctuary of Tennessee are formerly abused/neglected animals whose behavior, temperament, and health are unknown. I am also aware that there are risks in visiting and/or handling exotic birds, including illness or injury to pets or myself and /or damage to my property.

I hereby release Exotic Avian Sanctuary of Tennessee and any of its appointed agents and all respective employees and employers from any liability related to any damages, injury claims, and expenses of any nature arising from my participation as a volunteer for Exotic Avian Sanctuary of Tennessee.

Applicant's Signature

Print Applicant's Name

Date

(If under 18, parent or guardian's signature)

Parent or Guardian's printed name

Date

EAST Representative Signature

Print EAST Representative Name

Date
