

### **VOLUNTEER POSITIONS**

### **General Facility Volunteer**

-Assist with day-to-day general housekeeping including facility laundry, washing feeding dishes and implements, cleaning empty cages and carriers, sweeping, mopping, etc. -Cleaning cages of resident exotic birds including changing newspaper inside cages daily, washing down cages weekly, sweep and mop around cages daily/weekly

#### Fundraising – year round

Organizing, coordinating and running fundraising projects. Taking part in fundraising events

### Maintenance - periodic

Facility maintenance projects may include repair of flight cages, repair of facility fencing, building new cages, etc.

### Animal Care Assistant – spring/summer

Assist in the care of wildlife patients including cleaning cages, feeding babies, medication and other treatments. Preparation of diets for different species. Feeding and care of mealworms, crickets, etc. used for feeding various rehab patients. Volunteers must first complete a two week period as a general volunteer prior to becoming an animal care assistant.

**Animal Transport** – year round. Those interested in transporting would need to contact Jena Sanchez with the Colorado Division of Wildlife for training information at (719)227-5204.

For more information contact Second Chance at 719-543-1946







#### SECOND CHANCE WILDLIFE REHABILITATION CENTER PUEBLO, COLORADO VOLUNTEER PROGRAM

# VOLUNTEER PROGRAM POLICY

#### Second Chance Wildlife Rehabilitation Center Mission Statement

Second Chance Wildlife Rehab Center has four specific objectives.

1.) To provide a humane service by furnishing a wildlife rehabilitation facility to which the general public, veterinarians, and state and local wildlife officials may bring injured or orphaned wildlife for care and release back into their natural habitat.

2.) To present to the general public educational programs dealing with wildlife rehabilitation and the various types of wildlife often presented to wildlife rehabilitators for care.

3.) To assemble a library of materials dealing with the natural history of various species of wildlife, current techniques used in wildlife rehabilitation and advancements in this field.4.) To establish and maintain contact with other related organizations in order to share information about advancements in wildlife rehabilitation techniques.

### **VOLUNTEER PROGRAM:**

The purpose of our volunteer program is to provide Second Chance with an important workforce to assist in achieving our mission.

# **GENERAL POLICIES**

### ELIGIBILITY

Volunteers must be 17 years old or older, have their own transportation to and from the facility. Applicants younger than 17 may be accepted as a volunteer as long as a parent or legal guardian attends each volunteer session with the underage volunteer.

Anyone under the age of 18 must have written parental/legal guardian permission to participate. Volunteers may not otherwise bring anyone with them including but not limited to their children, family, friends, spouse.

# ATTENDANCE

Volunteers are requested to work a minimum of three (3) hours per week. All volunteers are expected to arrive on time and dressed appropriately for work. Advance notice of absence is to be given Nancy or Mark Kelly. Continual absences without notice will be grounds for dismissal from the program.

#### FORMS

All volunteers are required to provide a current application form, medical form, and indemnification waiver yearly.

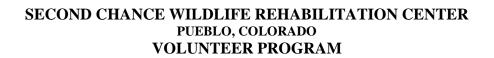
# CONDUCT

The use of Ecigs, tobacco, alcohol, narcotics or other controlled substances including marijuana is prohibited on the property. Use of any of these substances while on the property is grounds for immediate termination from the program. Volunteers will follow all safety measures established by Second Chance. Failure to follow said measures may result in immediate dismissal from the program.

# DISMISSAL FROM THE PROGRAM

New volunteers serve in probationary status for the first 30 days. During that period the volunteer may be dismissed at the discretion of Nancy and Mark Kelly. Termination may also occur at any time if a volunteer fails to follow the policies of Second Chance Volunteer Program.





#### VOLUNTEER PROGRAM RELEASE FORM

In consideration of being accepted as a volunteer for Second Chance Wildlife Rehabilitation Center, I agree to release Second Chance Wildlife Rehabilitation Center of Pueblo, CO, their agents, trustees and employees from all liability resulting in injury, illness or death to myself or my minor child, named below, sustained while working at Second Chance Wildlife Rehabilitation Center or participating in volunteer program activities sponsored by Second Chance Wildlife Rehabilitation Center.

#### **DISEASES, PARASITES:**

Zoonotic diseases are diseases that people can get from animals. Include (but are not limited to) salmonella, West Nile Virus or Fever, chlamydiosis (parrot fever), Giardia, parasites such as fleas, ticks, intestinal worms. Some of these diseases and parasites could be taken home to family members and pets.

I understand that the above mentioned activities involve the risk of injury or death and agree to assume said risks. I have been fully informed as to such risks and am fully aware of the dangers posed by said activities. I agree to obey all the rules and regulations established by the staff of Second Chance Wildlife Rehabilitation Center. I have read the above release form and understand its contents.

Signature of Volunteer

Date

Date of Birth

Parent or Guardian

(Signature granting permission and accepting liability as stated above for the participant under the age of 18)





#### SECOND CHANCE WILDLIFE REHABILITATION CENTER PUEBLO, COLORADO VOLUNTEER PROGRAM

#### **MEDICAL AND EMERGENCY INFORMATION**

Date:	Name:	
Address:		
Home phone:	Work phone:	
Age:Birthdate:		
IN CASE OF EMERGENCY NOT	IFY:	
Name:	Relationship:	_
Address:		
Phone:		
Name and Phone of Physician:		
Please answer the following:		
Are you in good health? (circle one) Yes No		
Do you have any allergies? Yes No		
If yes, please list them:		
Are you on medication? Yes No		
If yes, please list them:		

Please list any medical problems or limitations that you may have that might effect your activities at Second Chance Rehab Center: