South Plains Wildlife Rehabilitation Center, Inc.
3308 95th Street
Lubbock, TX 79423
(806) 799-2142

I am a Junior Volunteer, and am 12-17 years old, and my parent(s) and I understand and are aware of the risks of volunteering at the South Plains Wildlife Rehabilitation Center in Lubbock.

I understand that I will not – under any circumstances - be allowed to feed, handle or care for any species of mammal or bird of prey, and that the only animal related duty I will have is to help feed healthy baby songbirds of some species.

This Center cares for wildlife that can bite, scratch, kick, puncture, poke, wound, cut, gash or pierce, or possibly injure me in some other way. These species that are always on the premises include raptors (birds of prey), and other species such as herons and cranes. Mammals such as bobcats, foxes, deer, weasels, opossums, squirrels *and many other species* are also brought in for care and rehabilitation. I am aware that I will have no contact with these species or their cages, kennels or quarters.

I know that there are other risks and hazards of volunteering here, and have chosen to sign this waiver as a consent to pay for my own medical bills in the event of injury by wildlife, or *other mishap, accident or incident on this property.*

I also realize that wildlife can carry certain diseases, including rabies. I understand that any warm-blooded mammal can carry rabies. Other diseases are also communicable to man (Zoonoses). Only volunteers with rabies pre-exposure vaccinations will be allowed to handle raccoon, fox, bat and bobcat species, and this option is not available until a volunteer is 18 years old or older.

Remember to sign in the presence of a Notary Public and have this waiver notarized.

If you have any questions, please call the on-site-manager at the Wildlife Center at (806) 799-2142.

Thank you,
Volunteer Coordinator
South Plains Wildlife Rehabilitation Center, Inc., Lubbock, Texas

Signature_____

Parent or Parents Signature: _____ _____

Date _____

Notary Public: _____ **Notary Seal:**

Revised June 2009

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Junior Volunteer Information

Print your full name: _____

Your address and Zip Code_____

Your date of birth _____

Home phone + Area Code_____ Cell + Area Code_____

Print names of Parents or Guardians_____

Do you have any medical problems we should be aware of: asthma, diabetes, learning disabilities, etc; _____

Do you take any medicines on a regular basis?_____

If so, **what** medicines and for what condition? Use back of sheet if necessary_____

Have you **ever** had an allergic reaction to a medication, insect sting, or anything else, and if so, what? _____

Provide an emergency contact besides parent(s): relative, friend, sibling, etc; Give name, address, phone number(s) and relationship to you:

_____

Addtional emergency contact: _____

Do you have a hospital preference in the unlikely event you will become ill while volunteering at South Plains Wildlife Rehabilitation Center?_____

Family physician **and telephone number**_____

Parent signature _____

Date _____

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