

Greyhaven Exotic Bird Sanctuary

Mailing Address: Box # 441- 800, 15355 – 24th Avenue, Surrey, BC V4A 2H9

Telephone: (604) 878-7212

Web Page: www.greyhaven.bc.ca E-Mail: info@greyhaven.bc.ca

VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____ CELL PHONE: _____

HAVE YOU HAD A BIRD BEFORE? _____

EXPERIENCE: A LOT: _____ SOME: _____ NONE: _____

BIRDS CURRENTLY IN YOUR HOME (NAME & SPECIES): _____

HAVE YOU DEALT WITH A SICK BIRD BEFORE? _____ PLEASE LIST EXPERIENCE(S):

HAVE YOU VOLUNTEERED BEFORE? YES NO (Please circle one)

IF YES - PLEASE LIST THE ORGANIZATIONS YOU HAVE VOLUNTEERED FOR AND A BRIEF DESCRIPTION OF YOUR ACTIVITIES AS A VOLUNTEER (continue on back of form if necessary).

PLEASE LIST 3 REFERENCES – INCLUDE NAME AND PHONE #: No relatives please.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PLEASE TELL US WHY YOU WOULD LIKE TO VOLUNTEER AT GREYHAVEN:

WHERE DID YOU HEAR ABOUT GREYHAVEN: _____

PLEASE TELL US WHICH DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER:

WEEKENDS

SATURDAY: 9:00am – 1:00pm _____

SATURDAY: 1:00pm – 5:00pm _____

SUNDAY: 9:00am – 1:00pm _____

SUNDAY: 1:00pm – 5:00pm _____

WEEKDAYS

MONDAY: 9:00am – 1:00pm _____

TUESDAY: 9:00am – 1:00pm _____

WEDNESDAY: 9:00am – 1:00pm _____

THURSDAY: 9:00am – 1:00pm _____

FRIDAY: 9:00am – 1:00pm _____

EVENING CLOSE SHIFT: 7:00pm – 8:00pm _____

Note: Volunteers must be at least 14 years of age unless accompanied at all times by a parent or other responsible adult.

Note: If you are applying to be a Foster Home, please also complete the Foster Home Application that is attached.

Note: Once you have been approved as a volunteer you will receive a free membership in Greyhaven for one year.

Thank you for taking the time to fill out our Volunteer Application. Our flock members are very important to us and our first priority is to make sure they are healthy and happy. The Greyhaven Board of Directors and our flock look forward to your joining our team. As soon as your application is approved our Director of Volunteers will contact you. **There is a six (6) month probationary period for all new Volunteers.**

PRINT NAME

SIGNATURE

DATE: _____

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FOSTER HOME APPLICATION

FOSTER HOME APPLICANTS MUST ALSO COMPLETE A VOLUNTEER APPLICATION

TYPE OF BIRD DESIRED: _____

HAVE YOU HAD A BIRD BEFORE? _____ EXPERIENCE: A LOT: _____ SOME: _____ NONE: _____

BIRDS CURRENTLY IN HOUSEHOLD: _____

NUMBER OF PEOPLE IN YOUR FAMILY: _____ CHILDREN'S AGES: _____

NAME & AGE OF PRIMARY CAREGIVER: _____

WHAT IS YOUR BIRDS MAIN DIET? _____

WHAT IS YOUR BIRD'S PLAY & EXERCISE SCHEDULE: _____

WHO IS YOUR AVIAN VET? _____

WHAT OTHER PETS ARE IN YOUR HOME? _____

WHY DO YOU WANT TO FOSTER A PARROT? _____

DO YOU AGREE TO TAKE YOUR FOSTER BIRD TO NIGHT OWL BIRD HOSPITAL FOR A CHECK UP AND THEREAFTER AS REQUIRED BY THE DOCTOR? _____

I AUTHORIZE GREYHAVEN TO CONFER WITH MY AVIAN VET REGARDING THE HEALTH AND CARE OF MY CURRENT BIRD(S). I HEREBY RELEASE AND HOLD HARMLESS GREYHAVEN EXOTIC BIRD SANCTUARY FROM ANY INJURIES OR PROPERTY DAMAGE CAUSED BY THE FOSTER BIRD.

I UNDERSTAND THAT A FOSTER BIRD CAN BE REMOVED WITH 24 HOURS NOTICE, BY A GREYHAVEN DIRECTOR, TO BE PLACED INTO A PERMANENT ADOPTIVE HOME.

PRINT NAME

SIGNATURE

DATE: _____

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RELEASE AND WAIVER OF ALL LIABILITY, AND INDEMNITY AGREEMENT

I voluntarily and knowingly execute this RELEASE, WAIVER AND INDEMNITY AGREEMENT with the express intention of divesting Greyhaven Exotic Bird Sanctuary's liabilities and obligations as described below. I fully and forever release, waive, discharge and indemnify Greyhaven Exotic Bird Sanctuary, and all directors, volunteers and medical personnel from any and all losses, damages, injuries, claims, demands, lawsuits, otherwise, directly or indirectly associated with Greyhaven Exotic Bird Society while attending or participating in events or on Greyhaven's premises.

I hereby release Greyhaven Exotic Bird Sanctuary from all claims, known or unknown that have arisen or may arise as a volunteer in any and all forms. Those activities include, but are not limited to, the following:

- Sanctuary Shifts
- Fundraising Activities
- Education Programs
- Foster Care Home Program
- Community Service
- Industry Service
- Social Gatherings
- Transportation of Birds
- All other Activities

In exchange for granting this RELEASE, WAIVER AND INDEMNITY AGREEMENT, I acknowledge that I have completed a comprehensive training program and have been provided with ongoing support and the Guidelines to Volunteer Liability and Conduct.

In executing this RELEASE, WAIVER AND INDEMNITY AGREEMENT, this document additionally binds his or her spouse, heirs, legal representatives, assigns and anyone else claiming under him or her. The signatory has not assigned any claim covered by this release, waiver and indemnity to any other party. The signatory also intends that this release apply to the heirs, personal representatives, assigns, insurers and successor.

I have read this Release and Waiver of all liability assumption of risk and Indemnity Agreement carefully and fully understand its content, and voluntarily agree to its terms. I acknowledge that in signing this Release and Waiver of all liability assumption of risk and Indemnity Agreement, I am waiving certain legal rights, including the right to sue.

This RELEASE, WAIVER AND INDEMNITY AGREEMENT executed on _____
in _____, British Columbia.

RELEASOR - PRINT NAME

RELEASOR - SIGNATURE

ADDRESS

ADDRESS

PHONE

GREYHAVEN EXOTIC BIRD SANCTUARY
RELEASEE

RELEASEE - SIGNATURE
Per Greyhaven Exotic Bird Sanctuary

WITNESS:

Name: _____

Signature: _____

Address: _____

Phone: _____