

Wolves Offered Life & Friendship

IRS Tax Exempt Status Under Section 501(c)(3)-FEI #84-1314893
Colorado Nonprofit Corporation-#19951085491
Colorado Tax Exempt Corporation-#98-14028-0000
Colorado Charitable Solicitation Certification-#20033001711
United States Dept. of Agriculture, Licensed Exhibitor-#84-C-0071
Colorado Dept of Agriculture, Licensed Animal Shelter/Rescue-#70-2597-05
Colorado Division of Wildlife, Licensed Wildlife Sanctuary -#05CP738
Global Federation of Animal Sanctuaries, Accredited Founding Member
American Sanctuary Association, Accredited Member
Community Shares of Colorado, Accredited Member
Jane Goodall Institute, Roots & Shoots, Member



Wolf

Post Office Box 1544
La Porte, CO 80535
970-416-9531
www.wolfsanctuary.net info@wolfsanctuary.net

Volunteer Application and Profile

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

Patron Volunteer Visit Only - Please check here if you're visiting the Sanctuary once only for informational purposes.
(then skip the rest of this page and fill out the back of this form)

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 **Wolf**.

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.
- _____ Sanctuary
- _____ 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 the Volunteer Coordinator at 970-416-9531, 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**
Volunteer Coordinator
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 the staff and other volunteers of W.O.L.F., the owner 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.

Photography Limitations -- I understand that any and all photos that I may take while at the Sanctuary are for my private use only and cannot be used by me or anyone else for any commercial purposes. This includes, but is not limited to the use of these photos to create other artwork from their likeness.

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)