

Genesis Wildlife Center Volunteer Form

Name:.....

Address:.....
.....
.....

Home Phone
Number:.....

Occupation:.....
.....

Employer:.....
.....

Previous Volunteer
Services:.....
.....

Have You Ever Had Experience With Exotic Animals?:.....

Have You Ever Been Arrested?:.....

Have You Ever Been Bitten By An Animal?:.....

When Was Your Last Tetanus Shot?:.....

Medical Information:

Medical
Problems:.....
Allergies /
Medications:.....

In Case Of Emergancy
Notify:.....

.....
PLEASE READ AND UNDERSTAND THE FOLLOWING.....

By signing below I have agreed to serve as a volunteer for the Genesis Wildlife Center. I

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have been informed of the risks. I further agree to hold Genesis Wildlife Center / Margie Miller and the city of Scranton, HARMLESS for any part of the Center wether or not it is on the premises owned by any of the for-mentioned parties, or off the premises.

DATE:_____ SIGNED:_____

WITNESS:_____

Parental Consent for any under 18 Yrs of Age:

Parent or Guardian Signature:

::THANK YOU GENESIS WILDLIFE REHABILITATION, EDUCATION & EXOTIC CENTER::