

Beak n Wings, Inc.

An Educational Pet Bird Club & Rescue
501(c)3 Non-Profit organization

Volunteer Name

9010 Rosehill Rd., STE. B | Lenexa, KS 66215 | T-913-322-3398 | F-913-322-2583 | www.beaknwings.org

VOLUNTEER FORMS

Complete this application, printing clearly. Return completed application to Beak n Wings, Inc.
PLEASE FILL IN ALL BLANKS TO BETTER SERVE YOU AND EXPEDITE YOUR APPLICATION.

Please note. During orientation we will give you 3 additional legal forms to sign.

Mr. Mrs. Miss Ms.

Volunteer Name: _____ Today's Date _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Home:Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Email: _____

* Please provide Beak n Wings with a copy of your DL or State ID card. If you do not have an ID card please let us know. *

<input type="checkbox"/> Address/Age verified by Volunteer's ID	Office Use Only Driver's License _____ Copy of DL or State ID obtained [] Yes [] No Other _____
Authorized BNW Staff Member _____	Date _____

In Case of emergency, please notify: _____

Relationship _____ Phone Number _____ Alternate Phone Number _____

Are you 14 years of age or younger? [] Yes [] No (if you are under the 14 years old, you will need to have a authorized BNW Supervisor attend all training with you as well as supervised every time you volunteer.)

Do you have any special needs or health issues that require special accommodations? [] Yes [] No If yes, Explain _____

Are you willing to work in the program with the greatest need even if it is not your top choice? [] Yes [] No
How did you hear about Beak n Wings and the Volunteer Program? _____

Why do you wish to volunteer with Beak n Wing? _____

Have you done volunteer work in the past? If yes, where? For how long? What were your responsibilities? _____

Have you had any formal education or training in companion animal welfare? [] Yes [] No If yes, please specify the type of training/education, by whom and where it occurred? _____

Indicate any additional information about your skills, experience or hobbies which may benefit Beak n Wings, Inc

List two (2) references:

Name	Address	Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

KEY AGREEMENT

Leave blank if you do not receive a key (s)

**Note: Before a key can be issued, a BNW Key Agreement Form must be signed and on file.
Please do not sign KEY AGREEMENT unless you are given a key.**

Key issued to (name) : _____

[Date: _____]

By signing this agreement form, I and the organization I represent agree to abide by the by laws and policies of Beak n Wings, Inc., and I understand that the by laws and policies of this facility are for the safety and the safe enjoyment of the users.

I understand that this key is for the sole purpose of performing my duties as a volunteer with Beak n Wings, Inc. Entering the premises for any other reason than the performance of my duties can result in immediate release as a volunteer and possible prosecution.

I agree that I am not allowed to duplicate, pass, lend nor give key (s) to anyone else nor allow entry to anyone not authorized to the store. I further acknowledge that this key is the property of Beak n Wings, Inc

Loss of key (s) should be immediately reported to the organizations Executive Director of Beak n Wings, Inc. and I acknowledge that a fee may be levied against me for replacement key (s) and/or expenses resulting from locks having to be changed as a result of loss of key (s).

I understand that abuse of this agreement will result in loss of my ability to carry a key to the facility of BNW.

It is my responsibility upon separation as a volunteer (board member, member, volunteer), or request from the Executive Director or Board member that I will immediately return key (s) to Beak n Wings, Inc.

I, _____, acknowledge and agree to the above provisions.
Print clearly

_____ Date: _____
Signature

Beak n Wings representative *Print Name* *Date*

VOLUNTEER OPPORTUNITIES

All volunteer activities require some form of pre-training and/or assessment before a volunteer will be able to act in the volunteer capacity. Please check the box if you are interested in becoming a volunteer for the particular activity. If you check more than one box, please indicate your preference by numbering, with "1" being the preferred activity, etc..

Volunteers and committee members work together and communicate with each other to achieve the goals of Beak n Wings.

Fundraising/Sponsorship/Membership Volunteers work to educate potential funding sources, coordinate fundraising events, make phone calls, draft correspondence, etc. with the goal of laying the groundwork for the financial future of Beak n Wings.

Event Coordination Volunteers should be willing to work on an as-needed basis before and during fundraising events. Assistance in preparation for events is also needed, which includes mailing, research, brochure distribution, etc. On event day, duties include setup, decorating, photography/videographer, registration, ticket booth, serving, etc.

Parrot Grooming Volunteers may be asked (with proper training) to bathe, trim wings, trim nails, etc. on an as needed basis.

Cage Cleaning Volunteers may be asked to assist members in their homes to help with cage cleaning due to the large number of foster birds which might be in a member's home.

Educational Volunteers will assist with the educational components of Beak n Wings programs. This includes handing out information and related events, visiting other organizations such as schools, retirement homes, etc. for educational and therapeutic purposes. Educational Program Volunteers also assist with the evaluation of current programs and the creation of educational efforts and programs.

Placement/Adoption Volunteers assist with the activities associated with the Placement Committee and may be involved with the placement and follow-up of the adopted parrots.

Art Work Volunteers assist with the creation for art for the organization to use such as, logo, flyers, etc)

Veterinarian Volunteers assist with taking parrots in the program to veterinarian appointments, by means of picking the parrot up or keeping the parrot overnight.

Follow-up Volunteers will assist with the follow-up process of all adopted parrots, meaning going into a home to check on the adopted bird.

Foster Care Volunteers will assist with the placement of parrots into foster care until ready for adoption/placement. Foster care may be long term commitment and requires the fostering individual to commit to Beak n Wings rules and policies, including a home inspection. Fostering involves some financial commitment until such time as Beak n Wings receives food and accessories donations from grantees. *Membership required.*

Parrot Transportation Volunteers will transport parrots in program to events. Will pick up from foster home and return after the event.

Professional Assistance Support Volunteer assists with the day-to-day activities of the non-profit organization, including filling, answering routine communications, follow-up on confirmed donations from vendors, etc. Activities may be completed at the volunteer's home or may require the volunteer's presence on location.

Cooks for the birds and humans Volunteer to bake cakes/cookies and other goodies or cook for fundraisers. As needed basis. Volunteer to cook cakes, cookies and other treats for the birds in our program.

Handyman Volunteers assist with the repairs with the building (store front), such as painting, wood work, plumbing, etc..

Marketing Volunteers assist with the marketing of the organization and to get the education out to the public so that they understand birds (PARROTS) are I the need of help as dogs and cats. Assist the Vice President of marketing/media with advertising with up coming sponsored events, such as bird expos, charity golf tournament and more.

Facility Cleaning Volunteer is willing to clean around the facility, such as, sweep, mop, dusting, etc., providing you are physically able to help move boxes, cages and other items around the facility.

VOLUNTEER HOURS

Hours of operation

Your Availability—Please check all that apply (This section is for store hours only).

Week days	MON	TUES	WED	THUR	FRI	SAT	SUN	OTHER HOURS
4:30pm to 8:00pm					CLOSED			
Weekends								
10:00 am to 2:00 pm					CLOSED			
2:00 pm to 5:00 pm					CLOSED			
2:00 pm to 6:00 pm					CLOSED			

Note: Current Beak n Wings facility hours are as follows:

Monday - Thursday 4:30pm-8pm, Saturday 10am-6pm, Sunday 11am-5pm

Please tell us why you want to volunteer.

- Volunteer
 School related community service (hours needed) _____
 Diversion (hours needed) _____
 Other (please explain) _____

How long can you commit to volunteering? [] One time [] Occasionally [] 3-6 months
 [] 6 months or more [] Other _____

Do you have any staffing or management skills? Yes [] No []

If yes please list: _____

Do you have any open or closing experience? Yes [] No []

If yes, please list: _____

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VOLUNTEER FORM

I, _____, hereby authorize Beak n Wings, Inc. to obtain
Print Name
information on all, but not limited to, the following items, and to contact any references, agencies, obtain criminal background check and any other information necessary in performing a background check.

I authorize all parties to release information or verification requested by Beak n Wings, Inc., that will assist in the evaluation of my Volunteer Application status. I also agree to hold harmless, all parties supplying information requested to complete my application.

I have been advised and understand prior to signing this authorization that information obtained will be confidential and will be shared outside of authorized personnel of Beak n Wings, Inc.

I also certify that all information provided per this application is correct and that errors or misrepresentations of any information may be grounds for denial of this application or termination of volunteer services.

Volunteer's Signature Date
(if under 18 years of age, Guardian must sign as well)

Beak n Wings Representative's Signature Date

Guardian Print Date

(signature of parent or guardian if under 18) Date

Diversion section

If you are looking for DIVERSION hours, please tell us what happened. _____

Please remember that we do not share any information on this form with any outside source and only a select few members are granted access to the completed forms. Please provide the name, phone number, email of your parole officer.

TRAINING AND PRESENTATION VERIFICATION

To be filled in at the time of completion of Training

Orientation Presentation

Orientation was presented by _____ Date: _____ Video Live presentation

I have completed the Orientation and understand and accept the responsibilities and duties as outlined in the presentation.

Volunteer Signature _____ Date: _____