



Volunteer Application Packet

Thank you for your willingness to volunteer with Wolf Haven International. To ensure the safety of our visitors and staff, there is an application packet you must complete before you can begin your volunteer assignment.

Here's how to complete the volunteer application packet:

1. Volunteer Application Form

- All applicants must fill out all questions.
- Sign and date at the bottom of the page.

2. Disclosure Form

This form provides information about any past or current criminal or civil offenses. It also gives permission for Wolf Haven International to conduct a background check.

- Please answer each question completely and truthfully. Add an extra sheet of paper if necessary.
- Sign and date the form to indicate that the information you provided is accurate.

3. Provide a Copy of your Driver's License

Attach a copy of your current driver's license, or other photo identification that includes your legal name and date of birth. This helps to verify identity during the background check.

Thank you for your interest in serving Wolf Haven.



Volunteer Application

1. Background Information

Date ___/___/___ Where did you hear about our volunteer opportunities? _____

Full Legal Name _____
first middle last

M__ F__ Date of Birth ___/___/___ Birthplace (city/state or country) _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Email _____

Employer _____ Phone # _____

Emergency contact (local) _____ Phone # _____

Reason for Volunteering:

2. Volunteer Interests and Availability

I am interested in volunteering in the following areas:

| | | | |
|------------------------|--|----------------------|--|
| Sanctuary Guide | | Prairie Guide | |
| Wolf Information Table | | Educational Programs | |
| Community Outreach | | | |

Applicable skills (check those that apply to you)

| | | | | | |
|--------------------|--|-----------------|--|----------------|--|
| Public speaking | | Education | | Special events | |
| Working with youth | | Computer skills | | Writing | |
| Teaching children | | Office skills | | Research | |

What qualities do you possess that match well with a volunteer position at Wolf Haven?

Describe other prior or present experience as a volunteer:

To help us better match you with a volunteer position, please list any limitations which might affect your ability to work on some of our projects.

Do you have any allergies or other medical conditions we should be aware of?

Do you have reliable personal transportation? **YES** **NO**

Wolf Haven requires a commitment of 8 hours per month, 9 months a year from our volunteers. Would this be viable for you? **YES** **NO**

What is your availability? Weekdays, weekends, days only, etc.

Statement: All information in this application is accurate to the best of my knowledge. As a condition of being permitted to volunteer for Wolf Haven, I freely accept and voluntarily assume the risks of personal injury or property damage/loss that may result from my volunteer experience, including but not limited to, any activity while volunteering on Wolf Haven property. I hereby waive all claims arising out of any such injury or damage. Sanctuary guides must complete training prior to their first self-led visit. I am aware that I must use the Volunteer Sign-In Sheet at the beginning and end of each volunteer assignment. I agree to wear my name tag when I volunteer. I understand that regular communication with the Director of Volunteer Services is important and that if for some reason I am unable to fulfill my obligation I will contact the coordinator or the staff member it affects.

Applicant Signature: _____ **Date:** _____

FOR APPLICANTS UNDER AGE 18: Parent/Guardian signature is REQUIRED below.

Parent/Guardian: I give permission for the above-named child to volunteer with Wolf Haven.

Parent/Guardian Signature: _____ **Date:** _____

Please attach a copy of your Driver's License



Volunteer Application Disclosure Form

Please answer the following questions completely and sign the declaration on the following page. If additional space is needed, please attach a separate sheet of paper.

Any falsification, omission, deliberate misrepresentation or failure to complete any part of this form is grounds for rejection as a volunteer. Wolf Haven International reserves the right to refuse any applicant for any legitimate, nondiscriminatory reason.

1. Have you ever been convicted of a crime?

NO **YES**

If “yes” please identify the offense(s), provide the date(s) of the conviction(s), the name of the court, (e.g. Thurston County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child in any legal proceedings? These proceedings include judicial or administrative proceedings as well as findings by the Department of Social and Health Services (DSHS) or the Department of Health that you have not challenged or appealed.

NO **YES**

If “yes” please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(s) imposed.

3. Do you currently have any outstanding criminal charges or warrants for your arrest pending against you? Are you presently under investigation for possible criminal charges?

NO **YES**

If “yes” please provide pertinent details to enable Wolf Haven to evaluate, including the charge(s), date(s), jurisdiction(s) and status.

I hereby authorize and consent to Wolf Haven International, its agents and employees, to inquire into and undertake whatever background check of me that Wolf Haven, in its sole discretion, deems appropriate to determine my fitness to serve as a volunteer. I understand the inquiry may include computer database searches, interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law, but that Wolf Haven as a public entity is subject to the State Public Disclosures Act, RCW 42.17.250 et seq and the exemptions provided there under, as amended. I release and hold harmless Wolf Haven, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that if Wolf Haven determines, in its sole discretion, that I have provided false or incomplete information in response to the above questions, or the Director of Education and Volunteer Services decides, with or without cause, not to retain me as a volunteer for whatever reason, Wolf Haven may, without notice or other process, deny my application to serve as a volunteer. I understand that a WA State Patrol background check must be completed and approved PRIOR TO volunteering.

Pursuant to RCW 9A.72.085, I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date ___/___/___ **Signature** _____

Printed Name _____

Home Address _____

City/State Where Signed _____

Please return all forms to:

Director of Education and Volunteer Services
Wolf Haven International
3111 Offut Lake Rd. SE,
Tenino, WA 98589