



VOLUNTEER APPLICATION

Name:

Street Address:

City:

State:

Zip:

Phone:

Email address(es):

INTERESTS & SKILLS (USE THE BACK OR ADDITIONAL PAGES IF NECESSARY)

Please check your volunteer interests:

- | | | |
|---|--|---|
| <input type="checkbox"/> Creamer's Field Migration Station (Bird Banding Station) | <input type="checkbox"/> Tree Swallow Nest Box Project | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Education Programs | <input type="checkbox"/> Special Events/Outeach |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Database Management | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Scientific Advisory Committee | <input type="checkbox"/> Legal Assistance | <input type="checkbox"/> Other: _____ |

Why are you interested in volunteering at the Alaska Songbird Institute?

Please describe your availability for volunteering (months of the year, days of the week, time of day).

Please list your work and/or volunteer experience related to birds, mist-netting, banding, wildlife studies, environmental education, or related fields.

What do you hope to learn or gain from your experience volunteering with ASI?

Briefly describe your educational background and/or work experience.

Below are some special skills we are seeking. Check any related to your experience, interests, & expertise.

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Art/Graphic Design | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Database Management | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other: _____ |

Optional: Do you have any health conditions, allergies, or other issues which could limit your ability to safely perform your duties as a volunteer? If so, please describe them here.

EMERGENCY CONTACT INFORMATION

Who should we notify in case of an emergency?

Name:

Relationship:

Phone Number:

Alternate Phone:

SIGNATURES

Signature:

Date:

COMPLETE ONLY IF VOLUNTEER IS A CHILD UNDER 18:

Signature of Parent/Guardian:

Age of child:

Return to: *Alaska Songbird Institute, P.O. Box 80235, Fairbanks, AK 99708.*



Alaska Songbird Institute Waiver of Liability

Name: _____ Date: _____

will be volunteering with the Alaska Songbird Institute. I understand that while working in the field I may encounter a variety of risks. I have been made aware of what these risks might be and have received information on how to minimize any risk. I fully understand and agree to the following:

1. I am aware of the inherent dangers involved and I freely and knowingly assume all risks to myself and my property.
2. Inherent dangers for this work are likely to include but are not limited to: difficult footing; exposure to hot, cold, and/or wet weather; possible exposure to moose, bears, and other wildlife; exposure to sun, insects, and other environmental hazards; possibility of being scratched, pecked, or bitten by a bird.

Name of (print) _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Signature _____ Date _____

Please List any Allergies _____

Alaska Songbird Institute Photo Release

I hereby give permission for the Alaska Songbird Institute to use my photograph to promote the organization, its programs, and achievements. Such use includes but is not limited to using images in public presentations, publications (print or electronic), grant applications, brochures, displays, reports, and on web pages and social media.

Signature _____ Date _____