



Shy Wolf Sanctuary, Education and Experience Center, Inc.

“If you talk to the animals they will talk to you and you will know each other...” Chief Dan George

Nancy J. Smith, President ~ P. O. Box 3032 ~ Naples, FL 34106

By appointment only: Phone: 239-455-1698 E-mail: shywolfsanctuary@aol.com



PARENT / GUARDIAN VOLUNTEER RELEASE AGREEMENT

Name of Minor: _____ Age: _____ Email: _____

The undersigned, as legal parent / guardian of _____, for and in consideration of the agreement of the *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, to provide the opportunity to said minor to volunteer and work with the exotic animals under supervision of the parent / guardian on the premises, does hereby forever release, acquit, discharge, and hold harmless *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's officers, trustees, agents, employees, representatives, successors, and assigns for any manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's officers, trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental conditions, known or unknown, arising to the person of said minor volunteer, or in any way growing out of, the acts of employees, representatives, or other volunteers, or their successors, or assigns, including, but not limited to, their negligence or gross negligence, in rendering the opportunities above described, or in any way incidental thereto.

Signed: _____ Printed: _____

State of Florida, County of Collier

The foregoing instrument was acknowledged before me this _____ day of _____ 20____, by _____ who is personally known to me or who has produced _____ as identification and did/did not take an oath.

Signature of Notary Public

Print, Type or Stamp Commissioned Name Notary

A Florida Non-Profit Corporation 501 (c) (3) ~ From the Heart, For the Animals!



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PHOTO RELEASE FORM

For valuable consideration given, and which is hereby acknowledged, the undersigned hereby grants to *Shy Wolf Sanctuary, Education and Experience Center, Inc.* the right to take or have taken, still and moving photographs and films including television pictures of _____, and hereby consents and authorizes *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it’s advertising agents, news media, and any other persons interested in *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, or it’s work, the right to the use and reproduction of the photographs, films, and pictures, including without limit, the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us / me to secure our / my signature(s) to this release other than the intention of *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, to use such photographs, films, and pictures for the primary purpose of promoting and aiding it’s program and it’s work.

Signed: _____ Printed: _____

State of Florida, County of Collier

The foregoing instrument was acknowledged before me this ____ day of _____ 20__, by _____ who is personally known to me or who has produced _____ as identification and did/did not take an oath.

Signature of Notary Public

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Volunteer Code of Conduct

Drugs & Alcohol:

Shy Wolf Sanctuary is a drug-free volunteer organization. Drug and alcohol use can impair your ability to make sound and safe decisions. This can prove especially dangerous around exotic animals and tools. ***If you appear to be impaired in any way, appropriate action will be taken to assist you in leaving the premise.*** Assistance may come in the form of a designated driver, a cab, or Collier County's finest deputies.

Dress Code:

Clothing should be neat, presentable, and appropriate for working in and around animals while in a family setting. Clothes that are too tight can impede movement and limit your range of motion while loose clothing can become a tripping hazard or target for playful animals. Keep in mind that whatever you wear will get dirty and possibly torn. Shirts and other items advertising alcohol or displaying obscene slogans will not be acceptable. Long sleeves and jeans do provide more protection, but can be too hot in the summer. Our animals do have claws and can become exuberant in welcoming our volunteers. Use your discretion, but Nancy Smith, as president, will have final say.

Respect and Courtesy:

Refrain from using obscene language while on the premise. ***Treat all animals and volunteers with courtesy and respect at all times.*** As a volunteer you are expected to remind others of this policy as well...especially the youth who can get carried away while visiting. Do not ask another volunteer to do something that you are *unwilling* to do...being *unable* to do something is a totally different matter. Any difficulties with another volunteer should be addressed with that volunteer. If that action does not resolve the issue, it should be taken to Nancy or one of the other Board Members. Anything involving more than a polite request to change the behavior of another volunteer will be addressed through the SWS Board of Directors. The only exception to this is an immediate and serious safety or liability concern ***at that moment.***

While on SWS premise, I promise to abide by established *Policies & Procedures* for the safety of the animals, myself, and those around me. I will bring a positive attitude and take a pro-active stance to the care of the animals in my charge, reporting all anomalies or unusual behavior. *I understand the above code of conduct and agree to uphold & abide by it while at SWS:*

Volunteer Signature

Printed Name

Date

Witness Signature

Printed Name

Date



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EMERGENCY MEDICAL FORM

NAME: _____ AGE: _____ DOB: ____/____/____

PARENT / GUARDIAN: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

EMAIL: _____ PHYSICIAN NAME: _____

PHYSICIAN ADDRESS: _____ PHONE: _____ - _____ - _____

EMERGENCY CONTACT: _____ PHONE: _____ - _____ - _____

MEDICAL CONCERNS (E.G., HEART PROBLEMS, DIABETES, HYPOGLYCEMIA, ETC):

ALLERGIES (TO ANYTHING): _____ NO _____ YES: _____

DATE OF LAST TETANUS SHOT: _____ / _____ / _____ (Recommended every 5 years)

In case of an emergency, the undersigned authorizes *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's staff & volunteers, to provide such medical assistance as they determine is necessary.

The undersigned further authorizes any licensed physician and/or medical facility to provide any medical / surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted as a volunteer until this form has been completed by the parent / guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Volunteers will be under supervision, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the Volunteers or Board Members, including the organization of *Shy Wolf Sanctuary, Education and Experience Center, Inc.*

Yes, I would like _____ to be allowed to volunteer, and have discussed this with the volunteer's physician (if appropriate). I understand that **NO LIABILITY** can be accepted by *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's Volunteers or Board Members, in the event of any accident which may occur.

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