



THE LANDING ZONE PARROT SANCTUARY, INC.  
501 (c)3 NON-PROFIT PARROT SANCTUARY  
**VOLUNTEER FORM**

FORM  
**VF-01**  
(REV. 01-2012)

OFFICE NOTES

As a volunteer with The Landing Zone Parrot Sanctuary, Inc. (TLZPS), I understand that I will be volunteering, either directly or indirectly, with Parrots who may be rare and endangered, and I will also be volunteering among guests and young children. I understand that compliance with all of the requirements below for myself and/or my children are mandatory for volunteerism with TLZPS for everyone's safety.

1. The references I listed may be contacted by telephone or email.
2. I understand that TLZPS has my permission to use my name and photographs of me to promote the organization.
3. I will inform a TLZPS Staff or the Volunteer Coordinator of any previous injuries that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own health insurance. I will not hold TLZPS responsible for any unforeseen injuries or problems that may occur on the job.
5. I understand I may not initiate or engage in any media/public event pertaining to any parrot or the organization without the approval of TLZPS. Request for media engagements will be referred directly to TLZPS Staff or Volunteer Coordinator.
6. I understand that I have the right to submit a grievance to the CEO of TLZPS should I not be satisfied with the response to the needs of, the interaction with, guidance of, care for birds within the scope of TLZPS mission.
7. I understand that TLZPS volunteers do not provide any management for outside parrot homes or agencies and I will not make contact with or visit with any as a representative of The Landing Zone Parrot Sanctuary, Inc.
8. I will not abuse, neglect, exploit, manipulate, retaliate against or deny food or any other basic necessities to the parrots.
9. I understand that I am expected to report any incident, action or circumstance which I may become aware of that presents a threat, endangerment, or poses a current or future impact on parrots or guests to a staff member of TLZPS. I understand that it is especially important to inform the Staff in the case of a medical emergency, in the case of a pertinent medical update or in the case of a bird's, guest's, or other volunteer's harmful threat to self or others.
10. I understand that I may not be alone in the company of minor children without the presence of a guardian or supervising adult. I will not transport minor children for any purposes without the accompaniment of a legal guardian and expressed consent of TLZPS following a fingerprint background check.
11. I understand that I may receive personal information regarding donors and guests on an as needed basis and these people may choose to disclose information. I understand that this information is confidential, especially addresses and contact information, and that it is not to be disclosed to an outside party in written or verbal form, or in an electronic communication such as mail, website accessible by public, etc.
12. Many guests may choose not to have their photos taken for personal and/or security reasons. I understand that I may not photograph nor arrange a photograph of guests or donors without first receiving approval from TLZPS to ensure that TLZPS has obtained express written consent on a consent form.
13. I understand all parrots and guests are to be treated with dignity, respect and consideration and are not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
14. I understand that the terms listed above are not all inclusive and may be updated as needed.

I agree to all terms and conditions listed in the above agreement for myself and minors participating in TLZPS Volunteer activities.

Name \_\_\_\_\_ Date of Birth (MM / DD / YYYY) \_\_\_\_\_

Child's Name (If Applicable) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Education \_\_\_\_\_ Bilingual / Languages \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Are you volunteering with a group? \_\_\_\_\_

Why are you interested in volunteering? \_\_\_\_\_

Area(s) of interest:  Wherever Needed Most  Cage Cleaning  Food Prep  Guest Interaction  Admin Help  Fundraising  Pickup & Delivery  Community Outreach  
 Other: \_\_\_\_\_

Availability (Once or twice weekly, on call, mornings, evenings, specific days) \_\_\_\_\_

Reference #1 Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Time known \_\_\_\_\_

Reference #2 Name \_\_\_\_\_  
Organization \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_  
Time known \_\_\_\_\_

If under 18 Parent or Guardian's Consent. Name Signature Date

Volunteer Signature Date

TLZPS Representative Signature Date