

Internship Application

Wolf Conservation Center

www.nywolf.org P.O. Box 421 South Salem, NY 10590 Phone/Fax: (914) 763-2373 Volunteer@nywolf.org



Personal Information

Name:	Date of Birth:		
Address <u>:</u>			
	Ma	bilo	×
		Mobile: eMail:	
		(WCC likes email)	
Appling for: June	July	August	Other
Preferred hours/week			
Valid Driver's License: Yes	No	If Yes, will you have a	a vehicle
Education (Include High School,	College degrees	, etc.):	
Work Experience:			
Volunteer Experience:			
Special Skills (Describe):			
Why are you interested in inter explaining what you hope to ga			
When are you available (Tuesda	ay-Sunday 9-5)?_		
How did you learn of our program	n?		
Have you ever been convicted of	a crimo othor tha	up a traffic violation? Vec [
If yes, what charge?			
Do you consent to a routine chec Social Security Number (kept con	•	records? Yes 🗆 No 🗆	

Please list three references of people who know you well, other than relatives, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently working, either paid or as a volunteer, please include the name of your supervisor.

Name /Address /Zip Code /email/Phone /Relationship

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Release and Waiver of Liability Claims

In consideration for and as a condition to the undersigned being permitted to enter and use the property of the Wolf Conservation Center including properties owned by founders J. Henry Fair and/or Helene Grimaud (collectively referred to hereafter as "Owner"), the undersigned on his or her behalf and on behalf of his or her heirs, legal representatives and assigns (collectively referred to hereafter as "Undersigned") hereby RELEASES, WAIVES AND DISCHARGES the Owner and the Owner's respective heirs, legal representatives, shareholders, members, mangers, directors, officers, employees, volunteers, agents, assigns and affiliates as appropriate (such parties together with the Owner are hereafter collectively referred to as the "Released Parties"), from any and all liability, claims, demands, or causes of action that the Undersigned may have now or hereafter for any and all injuries to his or her person or property and for damages including, but not limited to those injuries or damages CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES while the Undersigned is on the property of the Owner, for any purpose or participation in any activity whatsoever.

The Undersigned hereby EXPRESSLY AGREES he or she WILL NOT SUE OR MAKE A CLAIM against the Released Parties for damages or other losses sustained as a result of his or her presence on or participation in any activity on such property.

The Undersigned further AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Released Parties and each of them from loss, liability, damage, or cost that the Released Parties may incur due to the presence of the Undersigned on the properties of the Owner, including without limitation subrogation and/or derivative claims brought by any third party or insurer in connection with any injury or damage the Undersigned may suffer while on the property of the Owner. The Undersigned AFFIRMS he or she is currently covered under appropriate general liability and personal health insurance policies issued through a licensed insurance carrier. The Undersigned REPRESENTS

AND WARRANTS his or her participation in any activity on the property does not violate any federal, state and/or local laws and ordinances regulating such activity, if any, and he or she has obtained any necessary permits or licenses to engage in such activity, if required by law.

The Undersigned EXPRESSLY ACKNOWLEDGES, AGREES AND UNDERSTANDS his or her presence and participation in activities on the property have inherent risks and dangers and no amount of care, caution, instruction, or expertise can eliminate these risks and dangers, and he or she EXPRESSLY AND VOLUNTARILY ASSUMES ALL RISK OF DEATH OR PERSONAL INJURY SUSTAINED WHILE PARTICIPATING IN SUCH ACTIVITIES ON THE PROPERTY WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. The Undersigned further EXPRESSLY AGREES the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which activities are conducted and that if any portion there is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND CLAIMS, AND UNDERSTANDS THAT HE OR SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAS SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GAURANTEE BEING MADE TO HIM OR HER, AND INTENDS THAT HIS OR HER SIGNATURE IS A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. The Undersigned further AGREES that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Volunteer Signature:	Date:
Volunteer Name:	
Address:	
E-MAIL	
EMERGENCY CONTACT:	
PRE-EXISTING MEDICAL CONDITIONS:	

Thank you. A member of our staff will be contacting you.