



SAFE
WINGS
OTTAWA

Bird Collision
Research, Prevention
and Rescue

First Name

Last Name

Street Address

City

Postal Code

Phone: (cell) _____ (home) _____ (work) _____

** Please list only the numbers where you wish to be contacted.*

Email Address

Languages Spoken

Emergency Contact

Phone Number

Relationship

Are you over the age of 18? Yes No *If yes, please have your parent or guardian sign below.*

Name of Parent or Guardian

Signature of Parent or Guardian

Do you need to complete volunteer hours for a specific program? Yes No

If yes, how many hours do you require? _____

Areas of Interest

Please check all of that interest you.

- | | |
|---|--|
| <input type="checkbox"/> Dawn or pre-dawn patrols | <input type="checkbox"/> Outreach and events |
| <input type="checkbox"/> Daytime patrols | <input type="checkbox"/> Policy/strategy development |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Administrative tasks | |
| <input type="checkbox"/> Other: _____ | |

Availability for Bird Rescue

Please indicate what days of the week you are available to patrol, and whether you are available to patrol at dawn / pre-dawn, morning or afternoon. Volunteers who intend to patrol are asked to commit to at least one 2 – 4 hour shift per week during spring and fall migration seasons.

Skills

Please indicate skills and experience that may be useful to Safe Wings.

- | | |
|--|--|
| <input type="checkbox"/> Bird handling | <input type="checkbox"/> Writing / Editing |
| <input type="checkbox"/> Bird identification | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Avian rehabilitation | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Education / Teaching | <input type="checkbox"/> Grant development |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Strategic planning |
| <input type="checkbox"/> Special events planning | <input type="checkbox"/> Architecture / Design |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Law / Legislation |
| <input type="checkbox"/> Translation | |
| <input type="checkbox"/> Other: _____ | |

Please briefly describe your experience with the above:

Are there other ways you can help Safe Wings Ottawa that are not listed above?

Please share any experience/training related to care and/or advocacy of birds or other wildlife:

Why are you interested in Safe Wings Ottawa?

Please return completed application to volunteer@safewings.ca