

## Handbook and Safety Acknowledgement

I,	, have read and fully understand the
<u> </u>	es of Liberty Wildlife. I know these policies have been wildlife with which I will be working.
Important safety topics include:	
<ul><li>Do not take food away from</li><li>Do not allow animals to see</li></ul>	from enclosure bars.  r when inside enclosures.  sudden movements while around animals.  m animals for any reason.
caution at all times while perform Liberty Wildlife staff immediately fill out an accident report if necess	•
By signing below, I agree to adher handbook.	re to the rules and regulations described in the
Signature	Date



## Release Form

Full Name:		
Address:		
City:	State:	Zip:
Date of Birth:	Phone (H)	Phone (C)
	my privilege to take or possess ation by the government of ar	s wildlife is not under current ny state or of the United States.
Signature:	Г	Date:
Printed Name:		
assume all risk of plocation, at any time at Liberty Wildlife volunteer activity. I me to unacceptable my tetanus vaccinat I am not covered in understand that Lib protect the well-bei	ersonal injury that may occur e. I also knowingly assume all Rehabilitation Foundation for reserve the right to refuse to t risk of personal injury. I under tion, and rabies if applicable, to any manner under any type of erty Wildlife Rehabilitation For ing of volunteers and wildlife a	bilitation Foundation, I knowingly in the course of volunteer activity at any I risk of personal injury that may occur any reason related or unrelated to any take part in activities that I feel expose erstand that I am responsible for having up-to-date at all times. I understand that I insurance carried by Liberty Wildlife. oundation has rules and guidelines to and that failure to follow any of these ocation of my volunteer privileges.
Signature:		Date:
Printed Name:		
In the event of an en	mergency, please contact:	
Name:	Relatio	onship:
Phone (H)	Phone (	(C)
Name:	Relatio	onship:
Phone (H)	Phone (	(C)

# FISH 2 WILDLIFE SERVICE

Return to: U.S. Fish and Wildlife Service (USFWS)

### Department of the Interior U.S. Fish and Wildlife Service

OMB Control No. 1018 - 0022 Expires 02/28/2014

#### Federal Fish and Wildlife Permit Application Form

Type of Activity: Rehabilitation

				Application						
			Requ	iesting Rei	newal/Am	nendment of Perm	nit #			
Complete Sections A or B,	and C. D. and F. of this	application II	S address may	he require	ed in Secti	ion C see instruct	tions for details			
See attached instruction p										
Α.		Comple		e if applying as an individual						
1.a. Last name			1.b. First nar	ne		1.c. Middle	name or initial	1.d. Suffix		
2. Date of birth (mm/dd/yyyy)	m/dd/yyyy) 3. Social Security No.		4. Occupation			5. Affiliation	5. Affiliation/ Doing business as (see instructions)			
6.a. Telephone number	6 h. Altarnata talanha	6.b. Alternate telephone number		6.c. Fax number		6 d E mail a	addragg			
o.a. Telephone number	o.b. Atternate telepho	nie number	o.c. Fax number			o.u. E-man a	6.d. E-mail address			
	mplete if applying o	n behalf of a				agency, tribe,	or institution			
1.a. Name of business, agency, t	ribe, or institution		1.b. Doing bu	isiness as (c	dba)					
2. Tax identification no.		3. Description	of business, ager	icy, or instit	tution					
4.a. Principal officer Last name		4.b. Principal	officer First name		4	4.c. Principal officer	r Middle name/ initial	4.d. Suffix		
··· · · · · · · · · · · · · · · · · ·						<b>.</b>				
7 D : 1 0° (11				( D :						
5. Principal officer title				6. Primary	/ contact					
7.a. Business telephone number	7.b. Alternate telepho	one number	7.c. Busines	s fax numbe	er	7.d. Busines	s e-mail address			
C.		All applicar	nts complete a	address i	informati	ion				
1.a. Physical address (Street add	ress; Apartment #, Suite #,									
1.b. City	1.c. State	1	1.d. Zip code/Postal code: 1.e. County		nty/Province	1.f. Country	1.f. Country			
	1.c. State	1.	d. Zip code/1 osta	r couc.	1.c. coun	ny/110vinee		1.1. Country		
2.a. Mailing Address (include if	different than physical add	lress; include nai	me of contact per	son if applic	cable)					
2.b. City	2.c. State	2.	.d. Zip code/Postal code: 2.e. County		ty/Province	2.f. Country	2.f. Country			
							<u> </u>			
D.		All a	applicants M	UST com	nplete					
	order payable to the U.S. F					00. Federal, tribal,	State, and local governi	ment		
-	ng on behalf of such agenc						_			
instructions. (50 CFR	· //									
,	or have you ever had any F									
• •	number of the most currer	it permit you hav	e held or that you	ı are applyi	ng to renew	//re-issue:		"		
No		2								
-	ertify that I have read and		_			-				
	chapter B of Chapter I of ge and belief. I understand							accurate to		
the best of my knowled	ge and benen. I understalle	i mai any taise si	mement herein in	ay subject i	ine to the Cl	mmai penatues 01	10 0.5.0. 1001.			
Signature (in b	lue ink ) of applicant/perso	on responsible fo	or permit (No pho	otocopied o	r stamped s	ignatures)	Date of signature (mr	n/dd/yyyy)		