



Liberty Wildlife

Rehabilitation | Education | Conservation

Handbook and Safety Acknowledgement

I, _____, have read and fully understand the policies, procedures, and safety rules of Liberty Wildlife. I know these policies have been put in place to protect me and the wildlife with which I will be working.

Important safety topics include:

- Keep eyes on animals at all times.
- Keep face and hands away from enclosure bars.
- Wear protective safety gear when inside enclosures.
- Move slowly and make no sudden movements while around animals.
- Do not take food away from animals for any reason.
- Do not allow animals to see food in your bare hand.
- Do not enter an enclosure if the animal is acting aggressively.

I fully understand that working with wildlife can be hazardous and that I must use caution at all times while performing such work. I understand that I am required to notify Liberty Wildlife staff immediately if anything unusual happens on my shift, and I must fill out an accident report if necessary.

By signing below, I agree to adhere to the rules and regulations described in the handbook.

Signature

Date



Liberty Wildlife
Rehabilitation | Education | Conservation

Release Form

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Phone (H) _____ Phone (C) _____

I swear/affirm that my privilege to take or possess wildlife is not under current suspension or revocation by the government of any state or of the United States.

Signature: _____ Date: _____

Printed Name: _____

In volunteering to help the Liberty Wildlife Rehabilitation Foundation, I knowingly assume all risk of personal injury that may occur in the course of volunteer activity at any location, at any time. I also knowingly assume all risk of personal injury that may occur at Liberty Wildlife Rehabilitation Foundation for any reason related or unrelated to any volunteer activity. I reserve the right to refuse to take part in activities that I feel expose me to unacceptable risk of personal injury. I understand that I am responsible for having my tetanus vaccination, and rabies if applicable, up-to-date at all times. I understand that I am not covered in any manner under any type of insurance carried by Liberty Wildlife. I understand that Liberty Wildlife Rehabilitation Foundation has rules and guidelines to protect the well-being of volunteers and wildlife and that failure to follow any of these rules and guidelines may result in immediate revocation of my volunteer privileges.

Signature: _____ Date: _____

Printed Name: _____

In the event of an emergency, please contact:

Name: _____ Relationship: _____

Phone (H) _____ Phone (C) _____

Name: _____ Relationship: _____

Phone (H) _____ Phone (C) _____



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

OMB Control No. 1018-0022
Expires 5/31/2017

Federal Fish and Wildlife Permit Application Form

[Click here for addresses.](#)

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

Type of Activity: **Rehabilitation**

US Fish and Wildlife Service
PO Box 709
Albuquerque, NM 87103-0709
505-248-7882 <http://permits.fws.gov>

- ☐ New Application
☐ Requesting Renewal or Amendment of Permit # _____

Complete Sections A or B, and C, D, and E of this application. U.S. address may be required in Section C, see instructions for details.
See attached instruction pages for information on how to make your application complete and help avoid unnecessary delays.

A. Complete if applying as an individual			
1.a. Last name		1.b. First name	1.c. Middle name or initial
2. Date of birth (mm/dd/yyyy)		3. Social Security No. NA	4. Occupation
6.a. Telephone number		6.b. Alternate telephone number	6.c. Fax number
			6.d. E-mail address

B. Complete if applying on behalf of a business, corporation, public agency, Tribe, or institution			
1.a. Name of business, agency, Tribe, or institution Liberty Wildlife, Inc		1.b. Doing business as (dba) Liberty Wildlife, Inc	
2. Tax identification no. 94-2738161		3. Description of business, agency, or institution Wildlife Rehabilitation and Education	
4.a. Principal officer Last name Mosby		4.b. Principal officer First name Megan	4.c. Principal officer Middle name/ initial
5. Principal officer title		6. Primary contact name	
7.a. Business telephone number 480-998-0230	7.b. Alternate telephone number 480-998-5550	7.c. Business fax number 602-374-5079	7.d. Business e-mail address meganmosby@libertywildlife.org

C. All applicants complete address information					
1.a. Physical address (Street address; Apartment #, Suite #, or Room #; no P.O. Boxes)					
1.b. City	1.c. State	1.d. Zip code/Postal code:	1.e. County/Province	1.f. Country	
2.a. Mailing Address (include if different than physical address; include name of contact person if applicable)					
2.b. City	2.c. State	2.d. Zip code/Postal code:	2.e. County/Province	2.f. Country	

D. All applicants MUST complete	
1.	Attach check or money order payable to the U.S. FISH AND WILDLIFE SERVICE in the amount of \$ 50.00 nonrefundable processing fee. Federal, Tribal, State, and local government agencies, and those acting on behalf of such agencies, are exempt from the processing fee – <i>attach documentation of fee exempt status as outlined in instructions.</i> (50 CFR 13.11(d))
2.	Do you currently have or have you ever had any Federal Fish and Wildlife permits? Yes <input type="checkbox"/> If yes, list the number of the most current permit you have held or that you are applying to renew/re-issue: _____ No <input type="checkbox"/>
3.	Certification: I hereby certify that I have read and am familiar with the regulations contained in <i>Title 50, Part 13 of the Code of Federal Regulations</i> and the other <i>applicable parts in subchapter B of Chapter I of Title 50</i> , and I certify that the information submitted in this application for a permit is complete and accurate to the best of my knowledge and belief. I understand that any false statement herein may subject me to the criminal penalties of 18 U.S.C. 1001.
Signature (in blue ink) of applicant/person responsible for permit (No photocopied or stamped signatures) _____ Date of signature (mm/dd/yyyy) _____	

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