

Please submit completed form to:  
Medicine River Wildlife Centre  
info@mrwc.ca

I CONFIRM THAT I HAVE READ THE COMPLETE APPLICATION PACKAGE ON BEING A FIRST AID STATION,  
INCLUDING THE INFORMATION SHEET AND PROTOCOL MANUAL:

YES Initials: \_\_\_\_\_

CONTACT INFORMATION			
First Name:		Last Name:	
Address:			
City:		Postal Code:	
Home Phone:		Cell Phone:	
Email:			
CERTIFICATION			
Are you 18 years of age or over?	YES	NO	
Do you have a valid driver's license?	YES	NO	
Do you have any health concerns?	YES	NO	
Are you able to commit to being on call at varied hours throughout the day?	YES	NO	
GETTING TO KNOW YOU			
How many people live in your home?			
Do you have pets in your home?			
What is your current work/schooling situation and do you remain at your home most of the time? Do you expect this to change in the near future?			
Do you have any experience with animal care? If so, tell us about it.			
In general, how do you deal with death of animals? Does it cause you a lot of stress or grief?			

How do you feel about blood, fees, broken bones, etc?

This position also requires you to speak directly to members of the public when receiving injured or orphaned wildlife. Do you have experience with public relations? Are you comfortable talking, promoting MRWC, and educating (under strict guidance and protocols from MRWC)?

What special skills or traits will you bring to the position?

**APPLICATION AGREEMENT**

*I, hereby agree, that if selected as a First Aid Station, to act as a staff member of Medicine River Wildlife Centre and undertake all the responsibilities that come with this position. Initials: \_\_\_\_\_*

*I understand that this is not a directly paid position but a tax receipt can be provided for a contract donation at the end of the calendar year. Initials: \_\_\_\_\_*

*I understand that, if selected as a First Aid Station, that I must follow ALL MRWC hospital protocols in regards to handling, treatment, and transport. Initials: \_\_\_\_\_*

**Applicant's Signature:**

**Date:**