



Wildlife Rehabilitation



New Volunteer Form

To be completed and sent in to the Department when a new volunteer or new staff member is planning to rehabilitate animals other than the location (i.e. their home) that is listed on a permittees Memorandum of Understanding (MOU). The permittee or representative of permittee must inspect the new satellite facility to verify that “minimum standards” are met. Send Completed Form to : Nicole Carion, Wildlife Rehabilitation Coordinator, Wildlife Programs branch, 1812 Ninth St., Sacramento, CA 95814.

Name of Organization: _____

Location of Organization: _____

New Volunteer/ Staff Name (full): _____

New Volunteer’s Address (physical): _____

Address Where Animals Will Be Kept If Different From Above:

Day Time Phone Number _____ Evening Phone Number _____

List the type of animals that new volunteer or staff will be taking home or offsite. _____

Caging Available:

I herby certify that I, (_____ s) have inspected the satellite location for wildlife
Permittees name or representatives
rehabilitation and the satellite facility caging is adequate and meets the “minimum standards for wildlife rehabilitation”.

Signature of MOU Permittee or Representative

Date of Inspection

I have read and understand the Department of Fish and Game Regulations (California Code of Regulations section 679.) regarding the wildlife rehabilitation and the Memorandum of Understanding between the permittee and the Department of Fish and Game.

New Volunteer/Staff Member

Date