

**MEDICINE RIVER
WILDLIFE CENTRE**

**STUDENT VOLUNTEER
FULL COMPLETION LIST**

| Job Preparation & Understanding of General Animal Care | Date Completed: |
|--|------------------------|
| <input type="checkbox"/> Safety orientation | |
| <input type="checkbox"/> Living quarters care and maintenance | |
| <input type="checkbox"/> Facility history, mandate, and goals | |
| <input type="checkbox"/> Personal goals of intern | |
| <input type="checkbox"/> Leadership and teamwork training | |
| <input type="checkbox"/> How to use onsite manuals | |
| <input type="checkbox"/> Basic zoonotic diseases | |
| <input type="checkbox"/> Mammal and avian parasites | |
| <input type="checkbox"/> Cleaning and cleanliness protocols | |
| <input type="checkbox"/> Basic avian anatomy | |
| <input type="checkbox"/> Basic mammal anatomy | |
| <input type="checkbox"/> Local species identification and natural history | |
| <input type="checkbox"/> Diets of various species (MRWC treats 200 species) | |
| <input type="checkbox"/> Basic homeopathic remedies | |
| <input type="checkbox"/> Fostering program | |
| Patient Intake & Restraint | Date Completed: |
| <input type="checkbox"/> Patient transport | |
| <input type="checkbox"/> Perform a patient intake including assessment and form completion | |
| <input type="checkbox"/> Capture/Restrain Passerine | |
| <input type="checkbox"/> Capture/Restrain Waterfowl | |
| <input type="checkbox"/> Capture/Restrain Raptor | |
| <input type="checkbox"/> Capture/Restrain Mammal | |
| Treatment | Date Completed: |
| <input type="checkbox"/> Administer oral fluids to an avian | |
| <input type="checkbox"/> Perform a rectal temperature on a mammal | |
| <input type="checkbox"/> Perform an intramuscular injection in an avian | |
| <input type="checkbox"/> Perform an intramuscular injection in a mammal | |
| <input type="checkbox"/> Clean and bandage a wound on a mammal | |
| <input type="checkbox"/> Apply an X-bandage on an avian | |
| <input type="checkbox"/> Apply eye/ear ointment | |
| <input type="checkbox"/> Pill a mammal | |
| <input type="checkbox"/> Pill an avian | |
| <input type="checkbox"/> Treat mammal and avian parasites | |

**MEDICINE RIVER
WILDLIFE CENTRE**

**STUDENT VOLUNTEER
FULL COMPLETION LIST**

| Feeding | Date Completed: |
|--|-----------------|
| <input type="checkbox"/> Hatchling, nestling, and fledgling passerines | |
| <input type="checkbox"/> Tube feed a raptor | |
| <input type="checkbox"/> Bottle feed a small mammal | |
| <input type="checkbox"/> Bottle feed a large mammal | |
| <input type="checkbox"/> Stimulate mammals to urinate/defecate | |
| Lab Procedures | Date Completed: |
| <input type="checkbox"/> Collect blood sample from avian toenail | |
| <input type="checkbox"/> Perform basic bloodwork - PCV and TP | |
| <input type="checkbox"/> Perform basic necropsy on avian and mammal | |
| Public Education | Date Completed: |
| <input type="checkbox"/> Greet public onsite | |
| <input type="checkbox"/> Work a public display/booth | |
| <input type="checkbox"/> Take part in a formal education program | |
| <input type="checkbox"/> Handle education animal(s) | |
| Other Animal & Facility Duties | Date Completed: |
| <input type="checkbox"/> Release an animal | |
| <input type="checkbox"/> Foster an animal | |
| <input type="checkbox"/> Assist with wildlife conflict resolutions | |
| <input type="checkbox"/> Gather raptor pellets and feathers from enclosures | |
| <input type="checkbox"/> Facility maintenance | |
| <input type="checkbox"/> Nature trail and playground maintenance | |
| <input type="checkbox"/> Nest box maintenance | |
| <input type="checkbox"/> Species inventory and research onsite | |
| <input type="checkbox"/> Learn animal tracking skills | |
| <input type="checkbox"/> Study feathers, aging, and sexing of raptors | |
| <input type="checkbox"/> Study Alberta Endangered Species | |
| <input type="checkbox"/> Financial and fundraising for a charity | |
| **Interests and priorities will be discussed at the start of the internship. | |

Student Volunteer Name: _____ **Final Date:** _____

Supervisor Name: _____ **Supervisor Signature:** _____

Comments: _____