



VOLUNTEER APPLICATION

Contact Information (Please write legibly)

Full Name			
Street Address		Apt #	
City		Province	
Postal Code		Box #	
Home Phone #		Cell Phone #	
E-Mail Address			
Occupation			

Are you over the age of 18? Yes No

Will any child(ren) or clients be volunteering with you? If yes, please list their names and ages below.

Name:	Age:	Check if client <input type="checkbox"/>
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Name:	Age:	Check if client <input type="checkbox"/>

* Note: If child or client is not your own, a separate volunteer application must be completed by the child(ren)'s or client's parents/legal guardian. If applicable, has this been done? Yes No N/A

What is your preferred method of communication?

E-mail Telephone

Availability

During which days are you available to volunteer? How many hours for identified days are you available?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From: _____	From: _____	From: _____	From: _____	From: _____	From: _____	From: _____
To: _____	To: _____	To: _____	To: _____	To: _____	To: _____	To: _____
Total Hrs: __	Total Hrs: __	Total Hrs: __	Total Hrs: __	Total Hrs: __	Total Hrs: __	Total Hrs: __

Are you available on holidays? Yes No

Are there certain months of the year when you are not available? Yes No

If so, which months? _____

Do you wish to volunteer on a temporarily or on an on-going basis? _____

Do you have use of a vehicle? Yes No

* Please note: There is no public transportation available in this area.

Interests

Please number in order of interest (1 being highest), which activities you are interested in volunteering:

Order of Preference	Volunteer Activity
	Direct Animal Care/Handling
	Dog Walking
	Cat Socialization
	Small Animal Socialization
	Assisting with Adoptions (i.e. showing adoptable animals to the public; promoting adoptable pets through social media, posters, etc.)
	Fundraising (i.e. fundraising projects; assisting with events; fundraising committee)
	Specialized Foster Home (medical; behavioural/socialization; geriatric; neonates)
	Animal Transport (i.e. specialized medical appts; transfer to rescue/other SPCA)
	Maintenance (i.e. renovations; shelter upkeep; etc.)
	Sewing Committee (i.e. cutting down and sewing large comforters into smaller sizes)
	Bingo volunteer (must be over 18 years of age)

Expectations and Limitations

Why do you wish to volunteer at the Timmins & District Humane Society? (i.e. school hours, help animals, meet people, etc.) What do you hope to gain from this experience?

Do you have any personal or health-related limitations that might hinder you from participating in any of the listed activities? (i.e. allergies, health issue, injuries, fears, etc.)

Special Skills or Qualification

When possible, we like to match our volunteers with activities most-suited to their skills, interests, and qualifications. Please share yours with us!

Skills: _____

Interests: _____

Related Experience: _____

Emergency Contact

Name (<i>first and last</i>)	
Relationship	
Phone Number	

Confidentiality Agreement

I hereby acknowledge and agree to keep any and all information obtained or learned by myself in the course of my volunteer duties and involvement with the Timmins & District Humane Society. I acknowledge that it is essential to the condition of my volunteer duties with the Timmins & District Humane Society that I shall not in any manner, except where authorized by the Timmins & District Humane Society or by law, divulge, disclose or communicate to any person, firm or corporation any information concerning any matters affecting or relating to the enterprise of the Timmins & District Humane Society including without limiting the generality of the foregoing, any information concerning the animals, owners, clients, investigations, adoption or any other persons involved or associated with the Timmins & District Humane Society. I further acknowledge that any breach of these conditions will result in my immediate removal as a volunteer with the Timmins & District Humane Society, and that I alone will be responsible for any legal proceedings arising from any breach of these conditions by myself.

Indemnity Agreement

In consideration of the acceptance of this volunteer position for the Timmins & District Humane Society, I, for myself, my heirs, executors, administrators and assigns, waive any claims to which I may become entitled for injury or damage relating to my volunteer activities and release the Timmins & District Humane Society and all other organizers, sponsors, representatives, their agents and employees and any other person or organization assisting in any event/activity from any claims for damages or injury suffered by me as a result of my participation in, involvement with animals or traveling to and from my volunteer duties. I further state that I am in proper physical condition to provide volunteer services, and that I am aware that my participation in these volunteer activities, relating to animals could, in some circumstances, result in physical injury.

Signature

By signing below, you acknowledge that the information provided is true and accurate, and that you have read, understand, and will abide by the confidentiality agreement and indemnity agreement above. You further acknowledge you were not influenced by anyone to sign this form.

Date	
Name (printed)	
Signature	
Signature of Parent or Guardian (if under 18yoa)	

Please note volunteers under the age of 18 must be accompanied by an adult.

**All volunteers (18 and older) are required to provide an up-to-date criminal record check.
Please contact the TDHS for more information.**