

For Office Use Only

Date Opened: ___/___/___
D M Y

Date Closed: ___/___/___
D M Y



HUMANE SOCIETY OF KAWARTHA LAKES

A REGISTERED CHARITABLE ORGANIZATION, #88646 4239 RR 0001

111 McLAUGHLIN ROAD

LINDSAY, ON K9V 6K5

TEL: 705-878-4618 FAX: 705-878-5141

www.hskl.ca email: volunteer.hskl@gmail.com



VOLUNTEER APPLICATION FORM

Application Date:

___/___/___
D M Y

Mr. Mrs. Miss. Ms.

Last Name

First Name

Birth Date

Address

City

Postal Code

Tel #

Work #

Cell #

Fax #

Email Address: _____

(this is very important to include if you have one)

Emergency Contacts:

1-

Name

Tel #

Work #

Address

Relationship

2-

Name

Tel #

Work #

Address

Relationship

Please Provide 2 References (Different from Contacts Above):

Name

Tel #

Work #

Address

Relationship

Name

Tel #

Work #

Address

Relationship

Season Preferred: Winter Spring Summer Fall

Time of Day Preference: Morning Afternoon *Evening

* Evenings only available for Fundraising Events &/or Thursdays @ Shelter

Days Preferred: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If you will be using your vehicle to transport animals on behalf of HSKL, please provide the following information:

Vehicle Make & Model

Doors

Colour

Year

Driver's Lic. #

Lic. Grade

Insurance Company

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Blank area for office use only.

Work Related / Volunteer Experience &/or Service Club Affiliations:

Hobbies / Special Talents (e.g. crafts, music, sports, computer):

1. Do you operate a kennel? Yes No

Are you an animal breeder? Yes No

If yes, what animal(s)? _____

2. I allow my contact information to be shared with staff and other volunteers of HSKL on an as needed basis.

3. Date of most recent tetanus shot (good for 10 years) _____

Date _____ Volunteer Signature _____

Volunteer Task Preferences

Please complete this preference list to inform HSKL which tasks you would be willing to do.

TASK	YES	NO	MAYBE	TASK	YES	NO	MAYBE
Clean/Feed Cats	[]	[]	[]	Tagging	[]	[]	[]
Clean/Feed Dogs	[]	[]	[]	PR & Marketing	[]	[]	[]
Cat/Dog Kitchen	[]	[]	[]	Fundraising	[]	[]	[]
Socialize Cats	[]	[]	[]	Public Relations	[]	[]	[]
Walk Dogs	[]	[]	[]	Board Member	[]	[]	[]
Laundry	[]	[]	[]	Handy Person/Labour	[]	[]	[]
Pet Visiting Program	[]	[]	[]	Shovel Snow/Mow Lawn	[]	[]	[]
Forster Animals in Home	[]	[]	[]	Second Chance Store	[]	[]	[]
Reception/Office/Clerical	[]	[]	[]	Computer Programming	[]	[]	[]
Web Site Maintenance	[]	[]	[]	Newsletter	[]	[]	[]

Are you available on **short notice** (ie. 24 hours)? Yes [] No []

Volunteer Agreement and Release

AGREEMENT

I, _____, by my signature below, agree to the following stipulations in order to protect the Society, the animals under our care, the staff and other volunteers.

- I agree to abide by all Humane Society of Kawartha Lakes policies and procedures.
- I agree to be supervised by the Volunteer Coordinator or designate and report directly to the Coordinator any problems that may arise.
- I agree to use discretion and conduct myself in a respectful manner in all dealings with other volunteers, Board members, staff, members of the public and the animals.
- I agree to authorize the Humane Society of Kawartha Lakes to seek emergency medical treatment in case of accident, injury or illness. If the HSKL determines that I am unable to volunteer due to injuries, I will go home at the Society’s request. I understand that I am not covered under the Ontario Workplace Safety Insurance Board (WSIB).
- I agree to do nothing to violate the trust of the Board or those I work with.
- I agree not to use my service as a volunteer for personal advantage or my friends, family or associates.
- I agree that if I fail to abide by these terms or am otherwise unable to meet the requirements of volunteering, I will be retired from service. I understand that at any time, with or without cause, I may be removed from my position as a volunteer at the sole discretion of the Humane Society of Kawartha Lakes.
- I understand and agree that I may be privileged to information about: animals, previous owners, adoptive owners, past and current investigations, other volunteers, staff and/or operations and information of Humane Society of Kawartha Lakes. I understand that this information is private and confidential and I agree to treat all such information in that manner.
- I agree not to disclose privileged information shared with me through HSKL involvement. I also understand that information is not to be disclosed to immediate family, relatives, friends or neighbours.
- I understand and agree that if I breach confidentiality I may be subject to disciplinary action up to and including termination.

RELEASE

In consideration of being permitted to participate as a volunteer in any program organized or authorized by the Humane Society of Kawartha Lakes, I, the undersigned, agree to assume all risk of loss or injury. This includes death to myself or damage to my property while acting on the Society’s behalf. I hereby waive any right of action I may have had or may in the future lodge against the Humane Society of Kawartha Lakes, its successors, assigns, directors, staff, agents or volunteers, whether acting in scope of employment or not.

I acknowledge that the animals sheltered by the Humane Society of Kawartha Lakes are not trained by the Humane Society of Kawartha Lakes and that they can be unpredictable and dangerous. I also acknowledge that the Humane Society of Kawartha Lakes policy requires that I keep current with my tetanus and rabies immunizations, and to consult my physician about this and other concerns related to working with animals. If I suspect I am pregnant, the Humane Society of Kawartha Lakes recommends I confer with my physician about working with cats.

I hereby waive for myself, my personal representatives and dependents all such claims or rights of action aforementioned that the undersigned or my personal representatives and dependents may herein have against the Humane Society of Kawartha Lakes and its successors, assignees, directors, staff, agents or volunteers. By my signature I acknowledge that I am of full age and that I have read and understood this release and have signed it voluntarily.

Dated at _____, Ontario, this _____ day of _____, 20_____

Signature of Applicant

Signature of Parent /Guardian (if required)

Print Name

Print Name

*** You must be 16 years of age to volunteer on your own. Those aged 12 to 15 may volunteer as long as their parent attends each shift with them. Both youth and parent must complete this registration form**