



ASSISTED VOLUNTEER APPLICATION FORM



ALL VOLUNTEER APPLICATIONS MUST INCLUDE A VALID EMAIL ADDRESS IN ORDER TO BE PROCESSED

Volunteer Name: _____ Phone #: _____
 Email Address: _____ Birthday: _____
 Home Address: _____
 Emergency Contact: _____ Relationship: _____
 Emergency Contact Phone: _____
 Agency Name: _____ Agency Phone: _____

Why would you like to volunteer with the Red Deer and District SPCA?

Are there any other organizations that you have volunteered for?

AREAS OF INTEREST

At The Shelter: Positions with animals require you to be at least 16 years old. Shift times are Monday and Tuesday from 10:00 am until 3:00 pm.

Stress Busting: _____ Small Animal and Cat Cuddling: _____
 Laundry: _____ Kong Stuffing: _____ Coin Rolling: _____

Special Events: Time commitment varies depending on the event.

All Events: _____
 Is Volunteer 16 years or older? YES _____ NO _____
 Can you make a three month commitment at this time? YES _____ NO _____

Applicant Signature: _____ Date: _____
 Agency Signature: _____ Date: _____
 Guardian Signature: _____ Date: _____



**VOLUNTEER WAIVER FORM
OF
RED DEER & DISTRICT SPCA
(Hereinafter known as the "Society")**

The undersigned, in acting as a volunteer for the Society, hereby releases the Society, its agents, officers, servants and employees of and from any and all liability, claims, demands, actions and causes of actions, whatsoever arising out of or relating to any loss, damage or injury that may be sustained by the undersigned or any of the property of the undersigned.

The undersigned further agrees to indemnify and save harmless the Society, its agents, officers, servants and employees from any liability which may hereafter be brought against the Society by or on behalf of the undersigned or the undersigned's named infant in respect of any or the foregoing matters hereby released.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild, and hereby willingly accepts all such risks.

This Release and Indemnity shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

Dated this _____ day of _____, A.D. 20_____.

Name: _____

Address: _____ City: _____

Postal Code: _____ Phone: _____

Are you at 16 years of age or older? Y _____ N _____

Participants Signature _____

(Parent/Guardian Signature if under 18 years of age)

This document is to be signed by all persons volunteering for the Society and **must be signed by the Parent/Guardian of all participants under the full age of eighteen (18) years.**



**OATH OF CONFIDENTIALITY
FOR VOLUNTEERS**



As a condition of my work as a staff member or volunteer of Red Deer & District SPCA, I therefore agree to the following:

I have an obligation to maintain the confidentiality of sensitive or competitive information gained in the course of my work and will not use this confidential information to gain financially or to secure privileges or consideration for my own private interests;

I will not engage in any activities that conflict with the interests of or that may adversely affect the reputation of Red Deer & District SPCA or that may interfere with the fulfillment of my job at Red Deer & District SPCA;

I will immediately declare to my Supervisor any possible conflict of interest that I become aware of;

I will avoid any arrangement or circumstance, including personal relationships, that may compromise my judgment and my ability as an employee or volunteer to act honestly, in good faith and in the best interest of Red Deer & District SPCA;

I understand that continued involvement or involvement without declaration in actual or potential conflict of interest affiliations may result in termination of my employment/association with Red Deer & District SPCA.

VOLUNTEER CONTRACT

I, _____ affirm that I have read, understood, and agree to comply with the policies and procedures of Red Deer & District SPCA as they are outlined in the Volunteer Policy Manual.

I understand that compliance with these policies and procedures is important to preserve the quality of service offered to our clients, and critical to the safety and well-being of Red Deer & District SPCA volunteers, clients, staff, and the general public. Further, I understand that any breach of agency policies and procedures will be taken seriously, and could be cause for discipline, suspension, or even dismissal.

Volunteer Signature

Volunteer Name (Please Print)

Date

RDSPCA Staff Signature

RDSPCA Staff Name (Please Print)

Date
