

CENTRAL ALBERTA  
**HUMANE  
SOCIETY**  
Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: (required for contact purposes) \_\_\_\_\_

*\*An email address is not necessary but it is preferred for us to be able to contact you for volunteering.*

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Best phone number to reach you at: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Ph: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Please list other organizations that you have volunteered for: \_\_\_\_\_

Are you completing volunteer hours for any of the following?

Work Experience \_\_\_\_\_ School/Program \_\_\_\_\_ Personal \_\_\_\_\_

Can you make a three month commitment as a volunteer at this time? YES \_\_\_\_\_ NO \_\_\_\_\_

**Please note that there is an application process that may take up to 3 weeks.**

**Areas of Interest:**

**Cats and Small Animal: Enrichment Program**

(Must be 14 and over)

Cat Cuddling \_\_\_\_\_ Eg: Brushing, Stress Busting, Visiting Cat Rooms

Small Animal Socialization \_\_\_\_\_ Eg: Rabbits, Guinea Pigs, Ferrets etc .

**Dog: Enrichment Program**

(Must be over 16 years plus.)

Dog Walking \_\_\_\_\_ Stress Busting/K9 Kennel Companion \_\_\_\_\_

What experience or skills do you have that would be beneficial when working with dogs?

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### In Shelter

Laundry \_\_\_\_ Cleaning \_\_\_\_ Animal Care Support \_\_\_\_

### Special Events

Working with the public \_\_\_\_ Eg: Cashiers, Tickets Sales, Dog Handling, Garage Sale, Bingo.

Working behind the scenes \_\_\_\_ Eg: Setting up, Tearing down, Organizing, Garage Sale, etc.

For more information on the above positions please email [volunteer@cahumane.com](mailto:volunteer@cahumane.com).

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**\*Volunteers for Outreach, Fostering and Disaster Relief must be a minimum of 18 years of age.**

### K9 Community Outreach Program \_\_\_\_\_

E.g. Volunteers and their own K9 companion visit facilities in the community and provide Pet Therapy.

Disaster Relief \_\_\_\_

For more information on the above positions please email [esarson@cahumane.com](mailto:esarson@cahumane.com)

**Foster Program** – To apply for the foster program please contact [foster@cahumane.com](mailto:foster@cahumane.com)

I hereby give permission to CAHS to use my name and photographic/video likeness in all forms and media for humane education, advertising, expo displays, trade & any other lawful purposes.

YES \_\_\_\_ No \_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if Volunteer is under 18 years of age)*

#### Office Use Only

Application Fee \$20.00 Collected: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Applicants T-shirt Size: \_\_\_\_\_ T-Shirt Received Date(Outreach Coordinator): \_\_\_\_\_



VOLUNTEER WAIVER FORM  
OF  
Central Alberta Humane Society  
(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 volunteer of the Central Alberta Humane Society, I therefore agree to the following:

- i. 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;
- ii. I will not engage in any activities that conflict with the interests of or that may adversely affect the reputation of the Central Alberta Humane Society or that may interfere with the fulfillment of my job at the Central Alberta Humane Society;
- ii. I will immediately declare to my Supervisor any possible conflict of interest that I become aware of;
- iii. I will avoid any arrangement or circumstance, including personal relationships, that may compromise my judgment and my ability as a volunteer to act honestly, in good faith and in the best interest of the Central Alberta Humane Society;
- iv. I will adhere to all restrictions on confidentiality, to not take pictures of any animals in the back nor talk about any animals in the back for the safety of animals, staff and myself. I will not make public statements to the media expressly or impliedly.

OATH OF CONFIDENTIALITY  
FOR VOLUNTEERS

I, \_\_\_\_\_ affirm that I have read, understood, and agree to comply with the policies and procedures of the Central Alberta Humane Society as they are outlined in the Volunteer Manual and Guidelines.

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 the Central Alberta Humane Society 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

\_\_\_\_\_  
CAHS Staff Signature

\_\_\_\_\_  
Volunteer Name (Please Print)

\_\_\_\_\_  
CAHS Staff Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date