

## Assisted Volunteer Application

*\*For volunteers 14 years of age+ who require a support staff*

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

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergy or Medical Concerns: \_\_\_\_\_

Can you make a 3-month commitment as a volunteer at this time?  Yes  No  
(1hr per month minimum requirement)

### Emergency Contact

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

### Support Staff Agency

Agency name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

I wish to receive newsletter emails to keep me informed about the Central Alberta Humane Society and can unsubscribe at any time.

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

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

Parent/Guardian Signature: \_\_\_\_\_

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

*(If applicant is under 18yrs old)*

Support Staff Signature: \_\_\_\_\_

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

## Areas of Interest (Check all that Apply)

**Cats Cuddling/Pocket Pets Program** *\*must be over 14 years of age, youth volunteers (10-13) separate form*

- Cat Cuddling (Brushing, petting, interactive playing)
- Small Animal Socialization including Rabbits, Guinea Pigs, Ferrets (petting & interactive playing)

### Shelter Administration

- Laundry and Light Janitorial (folding, some mopping, wiping counters and doors, dusting)

## What experience or skills do you have that would be beneficial to your chosen areas of interest?

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## List any other organizations you have volunteered for:

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*Please note we require all Assisted volunteers and the assigned staff to commit to a 3-month volunteer program requiring at least one hour of volunteer time a week.*

*If a volunteer is requiring a new staff, please have the Agency reach out directly to the Volunteer Coordinator. As this support staff will have to commit to an orientation. No volunteer or support staff may volunteer without an updated ID tag and the proper orientation.*

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

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

Parent/Guardian Signature: \_\_\_\_\_  
(If applicant is under 18yrs old)

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

Support Staff Signature: \_\_\_\_\_

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

## OATH OF CONFIDENTIALITY FOR VOLUNTEERS

I understand that during the course volunteer work at the Central Alberta Humane Society I may have access to confidential information about surrenders, emergency boarding, low-income programs, adoptions, and the in-shelter animals. 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 the Central Alberta Humane Society or that may interfere with the fulfillment of my job at the Central Alberta Humane Society;

I will immediately declare to my supervisor any 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 a volunteer to act honestly, in good faith and in the best interest of the Central Alberta Humane Society;

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.

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

*Applicant Name (Printed):* \_\_\_\_\_

*Witness Signature:* \_\_\_\_\_

## VOLUNTEER WAIVER FORM

I, the undersigned, agree to indemnify and save harmless the Central Alberta Humane 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, and acknowledge 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 to the undersigned, his/her heirs, executors, administrators, and assigns.

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

*Applicant Name (Printed):* \_\_\_\_\_

*Witness Signature:* \_\_\_\_\_

