

Guardian Support Application Form

**For all Guardians of Youth Volunteers*

Guardian Name: _____ Phone: _____

I am a legal parent/guardian for: _____

Phone: _____ Email: _____

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

Emergency Contact Information

Contact Name: _____ Phone: _____

Relationship: _____

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.

Depending on the type of position the youth volunteer you are supporting takes on you may be required to handle cats, manage cleaning products, and ensure all guidelines of CA Humane are followed including all health and safety protocols, etc.

All guardians must fill out a guardian support application form and attend an orientation before they can assist a volunteer. If the guardian changes you must inform the Volunteer Coordinator, hand in the correct forms, and they must attend an orientation.

Guardian 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): _____

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): _____