

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, ONTARIO K9V 6K5
TEL: (705) 878-4618 FAX: (705) 878-5141
www.hskl.ca



VOLUNTEER REGISTRATION FORM

Date: ___/___/___
D M Y

[] Mr. [] Mrs. [] Miss. [] Ms.

_____	_____	_____
Last Name	First Name	Birth Date

Address	City	Postal Code

Tel #	Work #	Cell #

Email Address		

In Case of Emergency Contact:

_____	_____	_____
Name	Tel #	Work #

Address	Relationship	

_____	_____	_____
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
* Fundraising Events &/or Thursday Evenings @ Shelter

Days Preferred: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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

_____	_____	_____	_____
Vehicle Make & Model	# Doors	Colour	Year

_____	_____		
Driver's Lic. #	Lic. Grade		

Insurance Company			

For Office Use Only:

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

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

STATEMENT OF CONFIDENTIALITY

I understand that I may be privileged to information about animals, previous owners, adoptive owners, other volunteers and operations of Humane Society of Kawartha Lakes. I understand that much of this information is private and confidential and I agree to treat all such information in that manner.

I agree not to disclose information shared with me through HSKL involvement, without receiving consent of the parties involved and approval by the President, or staff designate. I understand that this includes disclosing information to relatives, friends, and in most situations to members of my immediate family.

I understand that if it is felt that there has been a breach of confidentiality, the appropriate authority will bring it to my attention.

I am fully aware that HSKL may choose to request a Police Check and / or reference check. I give permission to HSKL to perform reference checks and / or Police Checks as required.

Date

Volunteer Signature

Date

VCHS Representative 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 animal in Isolation	[]	[]	[]	Spend Time Tagging	[]	[]	[]
Clean/Feed Cats	[]	[]	[]	Assist Planning a Fundraiser	[]	[]	[]
Groom Cats	[]	[]	[]	Assist at Fundraiser eg setup	[]	[]	[]
Socialize Cats	[]	[]	[]	Solicit \$/items from Business	[]	[]	[]
Clean/Feed Dogs	[]	[]	[]	Public Relations	[]	[]	[]
Groom Dogs	[]	[]	[]	Become a Board Member	[]	[]	[]
Walk Dogs	[]	[]	[]	Reception / Office / Clerical Tasks	[]	[]	[]
Basic Dog Training	[]	[]	[]	Volunteer Agent	[]	[]	[]
Foster Animals at Home	[]	[]	[]	Technical Support (computer)	[]	[]	[]
Pet Visiting Program	[]	[]	[]	Handy Person Labour	[]	[]	[]
				Shovel Snow/ Mow Lawn	[]	[]	[]
Are you available on short notice (ie. 24 hours)?				Yes []	NO []		

(MAYBE * = with training)



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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 manager 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.

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 strongly recommends 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, assigns, 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**