

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

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

1. Do you operate a kennel? Yes No

Are you an animal breeder? Yes No

If yes, what animal(s)? _____

2. I allow my contact information to be shared with staff and other volunteers of HSKL on an as needed basis.

3. Date of most recent tetanus shot (good for 10 years) _____

Date

Volunteer Signature

Date

HSKL 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 *
	<u>ANIMAL</u>				<u>FUNDRAISING</u>		
Clean/feed animal in isolation	[]	[]	[]	Tagging:	[]	[]	[]
Socialize cats	[]	[]	[]	Lindsay	[]	[]	[]
Clean/feed in dog runs	[]	[]	[]	Fenelon	[]	[]	[]
Walk dogs	[]	[]	[]	Bobcaygeon	[]	[]	[]
Foster animals in home	[]	[]	[]	Event Planner	[]	[]	[]
Pet visiting program	[]	[]	[]	Event Set-Up	[]	[]	[]
Laundry	[]	[]	[]	Fundraising Committee	[]	[]	[]
Cat/dog kitchen	[]	[]	[]	Marketing	[]	[]	[]
On call in shelter	[]	[]	[]	Solicit \$/items from Business	[]	[]	[]
					<u>OTHER</u>		
				Public Relations	[]	[]	[]
				Board Member	[]	[]	[]
				Reception / Office / Clerical Tasks	[]	[]	[]
				Volunteer Agent	[]	[]	[]
				Technical Support (computer)	[]	[]	[]
				Handy Person	[]	[]	[]
				Labour	[]	[]	[]
				Shovel Snow/ Mow Lawn	[]	[]	[]

Are you available on short notice (ie. 48 hours)? Yes [] No []
(MAYBE * = with training)



HUMANE SOCIETY OF KAWARTHA LAKES
 A REGISTERED CHARITABLE ORGANIZATION, #88646 4239 RR 001
 III MCLAUGHLIN ROAD
 LINDSAY, ONTARIO K6V 1K8
 TEL: (COX) DCD-VLID FAX: (COX) DCD-XIVI
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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 policy requires 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 _____, 110_____

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
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