

## **Volunteer Application – Niagara SPCA & Humane Society**

The Niagara SPCA & Humane Society encourages the participation of volunteers who support our purpose; the prevention of cruelty, abuse and neglect of animals. We welcome those who have a desire to assist us in our effort to raise the necessary funding through events held within the communities that we serve which enable us to continue our mission of caring for the animals in our shelter.

Please PRINT								
NAME								
ADDRESS								
CITY		PROV		POSTAL CODE				
CONTACT INFO	E-Mail		Cell Ph					
	I agree that my contact information	n may be sh	ared with	Volunteer C	oordinator ☐ Yes ☐ No			
AGE	☐ 18 – 20 ☐ 21 – 30 ☐ 31 – 40 ☐ 41 – 55 ☐ 55+  PLEASE NOTE: You must be at least 18 years old to volunteer							
PLEASE SELECT YOUR AREAS OF INTEREST OR SKILLS								
☐ Fundraising and events, e.g. Walk-a-thon, dinner auction, etc. ☐ Help out at adopt-a-thons at PetSmart or other locations ☐ Kitty care at PetSmart Cat Adoption Centre ☐ Other								
PLEASE NOTE: If you are interested in dog walking or volunteering at the NSPCA Cat Adoption Centre at the Seaway Mall, please fill out DOG WALKING or CAT CREW VOLUNTEER APPLICATION.								
☐ Monday ☐ Tu	iesday 🗖 Wednesday 🗖 Thursday 🗖	Friday	Saturday	Sunday	Time available ☐ AM or ☐ PM			
DECLARATION BELOW MUST BE SIGNED								
I hereby acknowledge that:  I offer my services on a volunteer basis and understand that no compensation or payment for same will be provided to me nor is there any offer of employment being made or expressed as a result;  All services performed by me are done so at my own risk and that the Niagara SPCA & Humane Society is hereby indemnified and shall be held harmless from any and all liability that may result from my participation as a volunteer;  This application requires the approval of the Fundraising Committee and Management of the Society; and Volunteers are not required to but are encouraged to show their support for the Niagara SPCA & Humane Society by becoming members.  I certify by my signature herein that I have never been charged with cruelty to animals or convicted of any crime against animals for which I have not been granted a pardon.  I give consent to receiving electronic correspondence (emails) from the Niagara SPCA & Humane Society.  Please initial  Date								
BRING OR MAIL COMPLETED APPLICATION TO								
BRING ON WAIL CONFLETED AFFLICATION TO								
Niagara SPCA & Humane Society – Volunteer Coordinator 60 Provincial Street, Welland, ON L3B 5W7 Phone: 905-735-1552 or 1-888-222-0568 Fax: 905-735-7414 E-Mail: shelterwel@niagaraspca.com								

	1.	What do you hope to	gain by volunteering?				
	2.	Please specify other s	special skills / resources you ca	n offer.			
Group	4. Nan	·	,	or have been a volunteer or member of:			
Group	Nan	ne	Work you	did			
	5.	Please list two referer	nces (not family):				
Name			Phone	Relationship			
Name			Phone	Relationship			
	6.	Please provide the nam	ne of a friend/ family member w	hom we should contact in the event of any emergency:			
Name			Phone	Relationship			
	7.	Comments: Please feel free to comment about our volunteer programs. We continue to search for areas of improvement so that our animals receive the utmost care, kindness and compassion.					

By completing this application you agree to our use of this information in determining the best volunteer placement for you and to enable us to contact you about our upcoming events. All information contained herein is collected only for that purpose and is kept strictly confidential.

Thank you for your interest in serving as a volunteer for the Niagara SPCA & Humane Society!

