



Volunteer Application

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First Name(s)	Nickname	Last Name
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Address		Home Phone
<hr/>		<hr/>
		Work Phone Fax
<hr/>		<hr/>
City	Postal Code	Cell Phone
<hr/>		<hr/>
Would you work in other cities in the Region?		E-mail
Is it okay for us to call you at work? _____		
What is the best way for us to communicate with you? <input type="checkbox"/> E-mail <input type="checkbox"/> Phone <input type="checkbox"/> Both		
<hr/>		
Month and Day of your Birthday	If not over 21, please provide your entire birth date, including year.	

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Employer / Company Name	Occupation
<hr/>	
Address	City, Province Postal Code
<hr/>	
Does your employer have a matching gift program? _____	
Please describe the products and / or services offered by your company: _____	
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AVAILABILITY	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

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Emergency Contact Name	Relationship	Phone Number
<hr/>		
What is the highest level of education you have completed? _____		
<hr/>		
If you are currently a student, where? _____		



Do you hold any professional certifications such as Veterinarian, Vet Tech, Registered Nurse, Medical Doctor, etc.? _____

Aside from English, are you fluent in any other language? _____ If yes, please specify and include your level of competency. (Fluent, advanced, intermediate, beginner): _____

How did you hear about PAWS? _____

Why are you interested in becoming a PAWS volunteer? _____

Please list any other agencies you are currently volunteering for. _____

Please list any relevant work or volunteer experience: _____

Please list any special training, skills, hobbies: _____

Do you have any personal health concerns that might impact your work as a volunteer at PAWS? _____

Are you allergic to: ___ Cats ___ Dogs ___ Other: _____

Please tell us about your (pets)

	<u>Pet Name</u>	<u>Species</u>	<u>Breed</u>	<u>Pet age</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Are you in a service program: ___ School ___ Other: _____

If so, please indicate how many hours you need and when they are due: _____

Have you ever been convicted of a crime? If yes, please explain the nature of the crime and the date of conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work.): _____

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Please list two people that know you well and can attest to your character, skills and dependability.

<u>Name / Organization</u>	<u>Relationship to you</u>	<u>Phone</u>	<u>Length of Relationship</u>
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- _____
- _____

Do you have a vehicle that you would use for PAWS volunteering? _____ (Volunteers who drive need to provide proof of a **valid driver's license** and **current auto insurance**.)

- Jeep Small Car Medium Car Station Wagon SUV
 Truck (open back) Truck (closed back) Van

Please indicate which of the following activities interest you:

Dog walking and in-home animal care (going to client's homes to take care of their animals).

- Birds Cats Large Dogs Small Dogs Fish / Other

Foster Care (taking client's animals into your home): Temporarily only Possibly permanently

- Birds Cats Large dogs Small dogs Fish / Other

Transports: Vet /Groomers Donation / Supply Pickups

Specialized Animal Care:

- Cat Nail Clipping Cat bathing Subcutaneous fluids Shots
 Dog Nail Clipping Dog bathing Full Grooming Other Vet Tech

Food Bank:

- Onsite Rider / Delivery Driver Friday night delivery preps
 Delivery Stocker Delivery Driver Offsite Food Drives

Outreach:

- Animal Events Bar events Benefits Conferences
 Corporate Events Schools Street Fairs Pet Stores / Groomers

Major PAWS Events:

- Fun Run Holiday Stocking Delivery Events in General (fundraising)

Specialized Skills:

- Advocacy / Legal Catering Data Entry Graphic Design
 HTML / Web Design Photography PR / Marketing

Office help: Regularly Occasionally

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Further Understanding:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with PAWS that is true, correct and complete to the best of my knowledge. I



certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application will be verified by PAWS and I hereby give permission for PAWS to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position, including my background, volunteer experience, education or related matters. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with PAWS or my termination as a volunteer.

Applicant's Signature: _____ Date: _____

Parent / Guardian's Signature: _____ Date: _____
(if applicant is under 18)

CONFIDENTIALITY

I understand that while volunteering at PAWS Niagara (Pets Are Wonderful Support) I may come into contact with information that is considered confidential. This includes any information related to clients: health or disability status, income, personal lives or any other information related to them. I agree that under no circumstance will I discuss this information with people outside of PAWS. Should questions related to clients arise, people may be referred to our office.

I agree to hold information on PAWS clients confidential:

Signed Date

Print Name

Print name of parent or guardian, if under 18 years old

Parent / guardian's signature

PAWS Use Only

Volunteer Coordinator's Signature Date



Dog Walking Expectations

Commitment: After trying it out from 2 to 4 times, walkers are asked to commit to six months of walking the dog. When a walker makes this decision, the walker must sign a contract. This commitment is very important both for the dogs to get to know their walkers and for the guardians to have the peace of mind of having a reliable walker for the dog.

Absenteeism: If you are sick, out of town, or unable to make the walk for any reason, you must first attempt to find a replacement. Please call other walkers on your schedule to ask to sub or switch days with you. Team schedules are available upon request at any time from the Volunteer/Outreach Coordinator. Please provide as much notice as possible so PAWS may attempt to find a replacement. PAWS dog walkers are expected to show up rain or shine.

PAWS Responsibilities: Animal Care volunteers agree not to carry out any responsibilities beyond the scope of animal care. For help in other areas of their life, clients may be referred to the PAWS office for referral to other services in the area. Volunteers must never borrow or loan personal things or money to or from the client.

The following is expected of you when walking:

- Time Spent Walking: Depends upon the age and ability of the dog. A general rule of thumb is that healthy dogs should go for about a 45 minute walk.
- Picking up Refuse: Volunteers are expected to bring plastic bags on their walks and to dispose of the dog's refuse.
- Keeping Dogs on a Leash: Dogs may only be taken off leash under the permission of the dog's guardian and in legal off-leash areas. The dog should not be taken off-leash until the walker and the dog get to know one another well.
- Knowledge of Dog: Make an effort to know the dog's needs and problems through either the Client Service Coordinator at PAWS or the pet's guardian. Discuss with the guardian special needs, medication, if the dog is good around other dogs, chased bikes, skateboards, cats, and learn any commands that might help in walking the dog.
- Notifying PAWS: Please notify PAWS if client is not at home, the dog or others are injured during a walk, or the dog is ill.

I agree to abide by these responsibilities in my walking of dogs for PAWS Niagara.

Signed _____ Date _____

Printed Name _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

- I. I understand and acknowledge that PAWS Niagara is a service delivered through a charitable, non-profit consortium of organizations. I understand and acknowledge that all funds of PAWS Niagara are used specifically for the direct benefit and service to its clients; therefore, if I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that *my own health insurance coverage* will provide for any necessary medical treatment of care. I further understand that I am not covered under any worker's compensation laws.

- II. I, _____, hereby acknowledge that I have voluntarily applied to be a Volunteer for PAWS Niagara.

- III. Driver: I hereby certify that a valid Ontario Driver's License Number _____ is in my possession; that automobile insurance required by the Province of Ontario is in full force and effect, (Insurance Carrier _____ Policy Number _____); and that I shall notify PAWS Niagara of any changes relating to my driver's license or insurance, including but not limited to suspension, revocation or expiration. All information received by PAWS will be treated as confidential and will not be disclosed.

- IV. I am aware that volunteering for PAWS Niagara can be a potentially hazardous activity and I acknowledge that these potential hazards have been explained to and discussed with me and I hereby waive, release and discharge any and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me as a result of my participation as a volunteer for PAWS Niagara. This Release of Liability and Assumption of Risk is intended discharge in advance for PAWS Niagara, its respective agents, directors and employees and any and all volunteers, their representative successors and assigns from and against my and all liability arising out of or connected in any way with my participation as a volunteer for PAWS Niagara, even though that liability may arise out of negligence or carelessness on the part of the persons or entities above mentioned.

- V. I further understand that serious accidents occasionally occur and that volunteers occasionally Sustain serious personal injuries as a consequence thereof. Knowing the risk of participating as a volunteer for PAWS Niagara, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, Release of Liability and Assumption of Risk, is to be binding on my heirs and assigns.

Signed

Date

Print name

Printed name of Parent or guardian, if under 18 years old

Signature