



## VOLUNTEER / FOSTER APPLICATION FORM

**\*\*You must be over the age of 16 to complete this form.**

<b>PERSONAL DETAILS</b>				
Last Name:	First Name:	Male	Female	Date Of Birth:
Address:	City:	Postal Code		
Home Phone:	Work Phone	Fax:	Email:	
Emergency Contact Person	Emergency Contact Phone:	What is the best time to call you?		

<b>VOLUNTEER PROFILE</b>				
Have you had a Criminal Record Check? Tetanus Shot? Yes <input type="checkbox"/> No <input type="checkbox"/> Current occupation: Yes <input type="checkbox"/> No <input type="checkbox"/>				
What type of animals have you owned, if any?			Have you volunteered before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, where and in what capacity?				
Why do you want to volunteer with the Shelter?				
Valid Drivers Licence # Required			and/or Photo ID	

<b>AVAILABILITY</b>							
Can you commit to a minimum of 2 hours a week for 3 months? Yes <input type="checkbox"/> No <input type="checkbox"/>							
<b>If you are available all days and times, please check here:</b> If not, please circle the days and times you are available below.							
Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm

<b>VOLUNTEER OPPORTUNITIES</b>		
Please check Areas of interest to you.		
<b>VOLUNTEERING WITH ANIMALS</b>		

Dog Shelter	Cat Shelter	Miscellaneous
<input type="checkbox"/> Dog Care & Cleaning	<input type="checkbox"/> Cat Care & Cleaning	<input type="checkbox"/> Adoption Center Host
<input type="checkbox"/> Dog Grooming/Socialization	<input type="checkbox"/> Cat Grooming/Socializing	<input type="checkbox"/> Driver- Special Events
<input type="checkbox"/> Dog Fostering	<input type="checkbox"/> Cat Fostering	<input type="checkbox"/> Driver- Veterinary Visits
<input type="checkbox"/> Pregnant/Litter Fostering	<input type="checkbox"/> Pregnant/Litter Fostering	

<b>VOLUNTEERING FOR ANIMALS</b>		
<input type="checkbox"/> Office Reception	<input type="checkbox"/> Fund-raising	<input type="checkbox"/> School/Community Group Presentations
<input type="checkbox"/> Adoption Follow-up	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Booth/Mall Displays
<input type="checkbox"/> Website Update	<input type="checkbox"/> Flyer/poster Distributing	<input type="checkbox"/> Yard Maintenance
<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Face Book	
<input type="checkbox"/> Computer Work	<input type="checkbox"/> Special Events	

<b>SPECIAL SKILLS</b>		
<input type="checkbox"/> Legal	<input type="checkbox"/> Sales, Marketing, PR	<input type="checkbox"/> Fund-raising
<input type="checkbox"/> Special Event Planning	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Catering	<input type="checkbox"/> General Labour	

# VOLUNTEER / FOSTER AGREEMENT & RELEASE

## CONTACTS

Wenrick Kennels Inc.

&

Rainbow District  
Animal Control  
& Shelter Services

705-673-3647

shelter@gsshelter.ca

www.gsshelter.ca



**IS VOLUNTEER  
UNDER 18  
YEARS OF AGE?**

Yes  No

A parent/guardian must  
sign this form if the  
volunteer is under  
18 years of age.

## Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services VOLUNTEER AGREEMENT & RELEASE

In consideration of being permitted to participate in the Volunteer Programs of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services, I, the undersigned, agree to assume all risk of loss or injury, including death, to myself or damage to my property while on any premises of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services including it's kennel, shelter and elsewhere while participating in any Volunteer Programs and hereby release and waive any rights of action I presently have or may in the future acquire against Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services, their heirs, assigns, servants, agents, employees or volunteers for any such injury, even though such loss or injury is caused by negligence or default of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services, their heirs, assigns, servants, agents, employees or volunteers, whether acting in the scope of employment or not.

I acknowledge that the animals of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services are not trained by Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services and that they can be unpredictable and dangerous. I also acknowledge Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services strongly recommends I keep current with my tetanus and rabies immunizations, and to consult my physician about this and any other concerns relating to working with animals. If I have a reason to suspect I am pregnant, Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services recommends I may wish to ask my physician about working with cats.

I hereby waive for my personal representatives and dependants all such claims or rights of action aforementioned that the undersigned or my personal representative and dependants may herein have against Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services, their heirs, assigns, servants, agents, employees or volunteers.

I also acknowledge that the staff person present is in full and total charge of the facility.

In consideration of being permitted to participate in the Volunteer Programs of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services  
**I, the undersigned have read and agree to abide by the policies, procedures, confidentiality of Wenrick Kennels Inc. and the Rainbow District Animal Control and Shelter Services and the Privacy Act (Canada)**\_\_\_\_\_ (Initial here)

By my signature I acknowledge that I am of full age and that I have read in detail the document containing the herein guidelines and have voluntarily accepted it.

**DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_

(Parent/Guardian signature is required if volunteer is under 18 years of age.)

**Signature of Wenrick/Rainbow Staff** \_\_\_\_\_

(Acts as a Witness to above)