



SARNIA & DISTRICT HUMANE SOCIETY

GENERAL VOLUNTEER APPLICATION FORM

Please note that ALL applications are screened to ensure that applicants have not been charged and/or are not currently being investigated for charges under the OSPCA Act.

Date Submitted: _____

PERSONAL INFORMATION

Mr. Miss First Name: _____ Male
 Mrs. Ms. Last Name: _____ Female

Birthdate: (M)____/(D)____/(Y)_____ Address: _____
City: _____ Postal Code: _____

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
Email Address: _____

Occupation: _____ Employer: _____

Emergency Contact Name: _____ Relation: _____
Contact's Home Phone Number: (____) _____ Contact's Cell Phone Number: (____) _____

GENERAL QUESTIONS

Why would you like to be involved in our volunteer program?

Please tell us about your volunteer experience (if any).

List any special skills/training/experience you may have that would be useful in your volunteer work.

How Long of a commitment are you willing to make?

- 30 Days 60 Days 90 Days 6 Months 1 year

VOLUNTEER OPPORTUNITIES

Tell us what you'd like to do. Please check any of the appropriate boxes:

- | | | |
|--|--|--|
| <input type="checkbox"/> Dog Walking/Socialization | <input type="checkbox"/> Adopt-a-Thons | <input type="checkbox"/> Charity Dog Wash & BBQ (Aug) |
| <input type="checkbox"/> Cat Grooming/Socialization | <input type="checkbox"/> Dog Park Days (Jan/Mar) | <input type="checkbox"/> Spaghetti Dinner (Aug) |
| <input type="checkbox"/> General Administration | <input type="checkbox"/> Dog Fair at Degroot's (Mar) | <input type="checkbox"/> Tag Days (Sept) |
| <input type="checkbox"/> Children's Birthday Parties | <input type="checkbox"/> People Pet Walk-a-Thon (June) | <input type="checkbox"/> Pet Lottery (Nov) |
| <input type="checkbox"/> Any Shelter Event | <input type="checkbox"/> Golf Tournament (June/July) | <input type="checkbox"/> Picture Your Pet with Santa (Dec) |

If you are interested in dog walking or cat grooming, we would be very appreciative if you could commit to a minimum of one visit per week. Would this be possible with your schedule?

- Yes No

Do you have any health concerns or limitations that would affect your ability to volunteer for us?

- Yes (Please specify: _____)
- No

PLEASE TELL US ABOUT YOUR PETS (IF APPLICABLE)

Species: _____

Age: _____ Spayed / Neutered? _____

Vaccinated / Licensed? _____

How long have they been with you? _____

How did you adopt them? _____

Veterinarian's Name: _____

May we contact your vet as a reference? _____

REFERENCES

Name: _____

Phone Number: (____) _____ Relationship to you: _____

Name: _____

Phone Number: (____) _____ Relationship to you: _____

SIGNATURE

By signing below, I acknowledge that all statements made in this application are true. Any false statements will result in the denial of my application.

Signature: _____ Date: _____

Thank you for your interest in our program!