

Crowsnest Pass S.P.C.A

P.O. Box 725, Blairmore, AB T0K 0E0
Office: (403) 564 – 4999 office@cnpSPCA.ca

Volunteer Application

Thank you for your interest in volunteering with the Crowsnest Pass SPCA.

All volunteers must complete this form and sign our Volunteer Agreement and Liability Waiver.

Name _____

Mailing Address _____

Street Address _____

Home Phone _____ Alternate Phone _____

Email Address _____

Are you 18 years of age or older? Yes No

Occupation _____ Employer _____

Please list any allergies / medical or physical issues which may affect your ability to volunteer

Please list a person to call in case of an emergency

Name _____ Relationship to you _____

Home Phone _____ Alternate Phone _____

Have you had any previous experience in pet care or animal welfare? Yes No

If yes, Where _____ When _____

Type of experience _____

Please describe present and/or previous volunteer work: (use back of page if necessary)

Organization _____

Your position _____

Areas of interest: Cat Care _____ Dog Care _____

Please list name and phone number of 2 references whom we may contact (do not use relatives)

1. _____

2. _____

Availability

When are you available (days & times)? _____

Monday – Friday Volunteer Hours

Cleaning & routine animal care is done from 9:30 am – 12:30 pm

Saturday & Sunday: flexible hours as the SPCA is ***not*** open to the public on weekends/statutory holidays

CNP SPCA Hours of Operation/Open to Public: Monday through Friday 12:30 pm – 3:00 pm

To complete this Volunteer Application, please provide a Criminal Record check.

Signature _____ Date _____

DAILY Volunteer Responsibilities with Cats and Dogs

Setting up and cleaning enclosures

Ensuring food and water is refreshed

Loving, brushing, grooming and cuddling

Playing with them to provide exercise and positive physical/social contact

Scooping & washing litter boxes

Cleaning dog kennels and scooping in dog runs

Vacuuming, mopping, dusting and laundry in the facility

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Volunteer Agreement and Liability Waiver

As evidenced by my signature below, I understand and agree with the following:

1. I acknowledge the risks and dangers inherent in handling animals and in otherwise volunteering with the Crowsnest Pass SPCA and I freely assume and fully accept these risks. I hereby waive any right to a cause of action or future cause of action I may have against the Crowsnest Pass SPCA and its directors, officers, agents, employees, servants, representatives and assigns, (collectively “the Crowsnest Pass SPCA and its Representatives”) and release, discharge, indemnify and hold harmless the Crowsnest Pass SPCA and its Representatives from and against all claims, actions, costs, expenses and demands, in respect with my volunteering, howsoever caused, even if such loss or injury is caused by the negligence or default of the Crowsnest Pass SPCA and its Representatives.
2. I agree to conduct myself in a courteous and professional manner as a volunteer of the Crowsnest Pass SPCA.
3. *I agree to follow all Crowsnest Pass SPCA policies and procedures and failure to do so may eliminate my eligibility to volunteer.*
4. I have disclosed all relevant medical conditions in this application and will advise the Crowsnest Pass SPCA of any changes that may affect my volunteer duties. I acknowledge that the Crowsnest Pass SPCA strongly recommends that I keep current with my tetanus immunizations and to advise my doctor that I may be handling animals. I agree that all inoculations, medical care and medications are my own responsibility and I release Crowsnest Pass SPCA from all responsibility with respect to same.
5. I understand that all Crowsnest Pass SPCA’s records are to be kept strictly confidential indefinitely, and will not be revealed to anyone.
6. I agree that the Crowsnest Pass SPCA may refuse or terminate my participation in its volunteer program at any time and without notice.
7. I understand the possible risk of bringing home illnesses from the shelter to personal pets or vice versa and must have at least the initial vaccinations for animals at home.
8. I am currently covered by a health insurance plan.
9. I understand that the Crowsnest Pass SPCA relies on me to be present for all my scheduled shifts. If I am not able to attend my assigned shift, I will notify the Coordinator a minimum of 48 hours prior.
10. I will treat all animals and volunteers with the highest respect.

- 11. I understand that as a volunteer, I am not authorized to provide comment on social media or make decisions with regards to the policies, procedures and practices of the CNP SPCA. All decisions and media relations are the responsibility of the Coordinator and/or Executive only.
- 12. I will take ideas, constructive comments, suggestions and criticisms directly to the Co-coordinator.
- 13. I will work as a team member.

Signature _____ Date _____