

VOLUNTEER APPLICATION

SR ID#-

CONT	ACT INFO	RMATION			.		
Name			Age:				
Stree	t Address						
City				PC:			
Ph. #1			Ph. #2:				
Emai	l:						
Identi	ification	Type:	#:		Staff :		
AVAIL	ABILITY:	What times a	are you available	for volunteer ass	signments?		
	WEE	EKDAYS	Mornings Afternoons Evenings	WEEKENDS	Mornings Afternoons Evenings		
Tell us	which area	as you are in	terested in volunt	eering with us			
					dogs, general handlings s must be at least 16	g and basic obedience vears to walk dogs.	
						cat condos and habitats	
	Kennel Cleaning: Volunteers are responsible for helping to keep the animals clean and comfortable th day.						
	undertaking to in special even other small jo	that requires de ents and fundra obs.	dicated volunteers. \ isers within the comn	We need volunteers volunity. Other jobs inc	clude hanging posters	p organize and participate s, stuffing envelopes and	
		•			by transporting anime purposes, usually us	als to/from Saskatoon or sing the SPCA van.	
	need volunte Calgary, Edm	ers to help with nonton, Fort Mc	the transportation re Murray, Victoria, etc.	quired to transfer and Volunteer drivers us	imals to these groups se the SPCA van and		
	SPCA Home Away From Home store support : Volunteers organize and man the SPCA Home Away From Home store that we have in Gateway Mall. They supervise the animals on display there, answer questions and sell pet supplies.						
	Office Suppo	ort: Volunteers	answer phones, pro	vide clerical support	such as data input, e	tc.	
	Maintenance lawn mainten		ssist with some mair	tenance such as pai	nting, small building p	projects within the shelter,	
			rs help to design and	l maintain our websit	œ.		
	Photography the city.	y: Volunteers c	an take pictures of o	ur animals for the we	bsite here at the shel	Iter or at our events around	



SPECIAL SKILLS / QUALIFICATIONS: What personal qualities and skills do you have that you feel might benefit the SPCA? PREVIOUS EXPERIENCE: Please describe any experience you have with animals, including current pets. **EMERGENCY CONTACT INFORMATION** Name: Phone #1: Phone #2: Address: Relationship: I have filled out this application to the best of my ability. I understand that providing false information on this application or failing to adhere to the above principals may result in a review or termination of my volunteer placement with Prince Albert SPCA. Date: _____ Volunteer Name: ______ Volunteer Signature: _____ Parent/Guardian Name: Parent/Guardian Signature: _____ FOR OFFICE USE ONLY: Date entered: ____ _____ Entered by: _____



VOLUNTEER AGREEMENT

We welcome and appreciate your participation with the Prince Albert SPCA. We hope that your work with us is fulfilling and will be useful in your personal growth and furthering your own goals. In order to best service the needs of our clients and the animals in our care, it is important that you are a responsible volunteer. For this reason, please review and agree to the following principles:

- I authorize the PASPCA to collect and retain my personal information in connection with a voluntary role.
- I will read the Volunteer Handbook, attend all applicable training sessions, and perform assigned duties to the best of my abilities.
- I will act in a professional manner and as a positive ambassador when representing PASPCA during
 my volunteer shift and within the community.
- I will inform the PASPCA in the event that I am charged or convicted of a criminal offence during my commitment with the organization.
- I will do my best to fulfill my responsibility and commitment to the PASPCA, and will contact a supervisor if my schedule changes at any time.
- I am at least 18 years of age or I have the consent of my parent or guardian to volunteer my services.
- The PASPCA is not responsible of any damages caused to me or my property cause by the actions of the animals in our care.

Agreement and Signature

I have read and understand the Volunteer Handbook as well as the principles as they are listed above. I understand that providing false information on this application or failing to adhere to the above principles may result in a review or termination of my volunteer positon with the PASPCA Inc. I understand that if I am under the age of 18 years, I must have a parent or guardian sign this form.

Name:			
Signature:			
Guardian			
Guardian Signature:			
Date:			

It is the policy of this organization to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age or disability. Management does, however, reserve the right to reject an applicant. Thank you for your interest in volunteering with us!



OATH OF CONFIDENTIALITY

As a volunteer with The Prince Albert SPCA I understand my role and responsibilities are a valuable part of the work of The Prince Albert SPCA , and I agree to carry out my responsibilities to the best of my ability.
This is to certify that I,as a volunteer with The Prince Albert SPCA , understand that any information (written, verbal or other form) obtained during the performance of my duties must remain confidential. This includes all information about team members, staff and animals and situations as well as any other information otherwise marked or known to be confidential.
Accordingly, I agree not to disclose any confidential information acquired during my volunteer service with The Prince Albert SPCA , to any third party – including media - either during my service with The Prince Albert SPCA or after my service with The Prince Albert SPCA has ended. This is in recognition of the sometimes difficult situations animals experiencing homelessness/neglect/abuse face, and also demonstrates respect for those who support them on a day-to-day basis.
I agree to refrain from posting photos of animals involved with The Prince Albert SPCA , other volunteers, staff and management. I agree to uphold confidentiality of all involved in all use of social media during and after my service with The Prince Albert SPCA .
Unless authorized in the course of my volunteer duties, I will not make public statements to the media, expressly or implied, on behalf of The Prince Albert SPCA about any animal, volunteer, staff, management or situation I encounter during my volunteer activities.
I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal from this The Prince Albert SPCA , and/or possible liability in any legal action arising from such a breach.
I understand that this undertaking survives the termination of my volunteer relationship with The Prince Albert SPCA . The laws of Saskatchewan , Canada, shall govern this Agreement and its validity, construction and effect.
By signing below, I acknowledge that I have read, fully understand and accept the responsibilities set above relating to personal, confidential and/or proprietary information.
Date:
Name of Volunteer (please pint):
Signature of Volunteer:
Name of Guardian (if applicable):Signature:
Name of Witness: Signature: