



DATE: _____ TIME: From: _____ To: _____

NAME OF ORGANIZATION: _____

CONTACT INFORMATION

Agent Name	Title:
Street Address	
City	PC:
Ph. #1	Ph. #2:
Email:	
Identification	Type: #: Staff :

INDIVIDUALS VOLUNTEERING

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STAFF SUPERVISING VOLUNTEERS

1	
2	
3	
4	
5	



Tell us which areas you are interested in volunteering with us

<input type="checkbox"/>	Dog Socialization: Volunteers spend time playing with and walking dogs, general handling and basic obedience training with a focus on good manners. For safety reasons, volunteers must be at least 16 years to walk dogs.
<input type="checkbox"/>	Cat Socialization: Volunteers spend quality time grooming, socializing and helping keep cat condos and habitats clean.
<input type="checkbox"/>	Kennel Cleaning: Volunteers are responsible for helping to keep the animals clean and comfortable throughout the day.
<input type="checkbox"/>	General Shelter Cleaning: Volunteers are responsible for assisting with general cleaning duties, e.g. window cleaning, laundry, inside/outside garbage collection, kitchen duties, sweeping/mopping, outdoor poop-scooping, and various other duties as requested
<input type="checkbox"/>	Maintenance: Volunteers assist with some maintenance such as painting, small building projects within the shelter, lawn maintenance, etc.

OTHER SPECIFIC AREA OF INTEREST IN VOLUNTEERING: If not listed above, be specific in what your group would be interested in doing.

EMERGENCY CONTACT INFORMATION

Name: _____

Phone #1: _____

Phone #2: _____

Title _____

As Agent for this Organization/Group, I agree to ensure that the Volunteers will adhere to SPCA Policies and Procedures at all times while volunteering here. This Organization, all Volunteers and Staff members will abide by the Volunteer Agreement and Oath Of Confidentiality, which is attached.

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 the Group Volunteer placement with Prince Albert SPCA.

Date: _____

Organization's Agent Signature: _____

FOR OFFICE USE ONLY:	
Date entered: _____	Entered by: _____
NOTES: _____	

GROUP VOLUNTEER AGREEMENT

We welcome and appreciate your participation with the Prince Albert SPCA. We hope that your Organization's volunteers find work with us fulfilling and useful in their personal growth while furthering your Organization's goals. In order to best service the needs of our clients and the animals in our care, it is important that we have responsible volunteers. For this reason, please review and agree to the following principles:

- Volunteers/Staff will read the Volunteer Handbook, attend all applicable training sessions, and perform assigned duties to the best of my abilities.
- Volunteers/Staff will act in a professional manner and as a positive ambassador when representing PASPCA during any volunteer shift and within the community.
- The PASPCA will be informed in the event that any Volunteer/Staff is charged or convicted of a criminal offence during any commitment with the organization.
- Volunteers/Staff will do their best to fulfill any responsibilities and commitment to the PASPCA, and will contact a supervisor if the schedule changes at any time.
- Volunteers are at least 18 years of age or have the consent of their parent/ guardian to volunteer their services.
- The PASPCA is not responsible of any damages caused to Volunteers/Staff or their property caused by the actions of the animals in our care.

Agreement and Signature

I, as Agent for the Organization, 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 any volunteer position 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.

Organization
Name

Name:

Signature:

Title/Position:

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!



GROUP OATH OF CONFIDENTIALITY

As a Volunteer Group with **The Prince Albert SPCA** we understand that the role and responsibilities of volunteers are a valuable part of the work of **The Prince Albert SPCA**, and we agree to carry out these responsibilities to the best of our ability.

This is to certify that this Organization, as a Volunteer Group with **The Prince Albert SPCA**, understands that any information (written, verbal or other form) obtained during the performance of volunteer 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, we agree not to disclose any confidential information acquired during any volunteer service with **The Prince Albert SPCA**, to any third party – including media - either during service with **The Prince Albert SPCA** or after 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.

We agree to refrain from posting photos of animals involved with **The Prince Albert SPCA**, other volunteers, staff and management. We agree to uphold confidentiality of all involved in all use of social media during and after service with **The Prince Albert SPCA**.

Unless authorized in the course of volunteer duties, we 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 encountered during any volunteer activities.

We understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality. We 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.

We understand that this undertaking survives the termination of any volunteer relationship with **The Prince Albert SPCA**. The laws of **Saskatchewan**, Canada, shall govern this Agreement and its validity, construction and effect.

As Agent for the Organization, with designated authority, by signing below, I acknowledge that I have read, fully understand and accept, on behalf of the Organization, the responsibilities set above relating to personal, confidential and/or proprietary information.

Date: _____ Name of Organization: _____

Name of Agent (please print): _____

Signature of Agent: _____

Name of Witness: _____ Signature: _____