

VOLUNTEER APPLICATION

To qualify as a City of Hamilton Animal Services volunteer, complete the application herein with information about yourself and your experience. A background check may be required to ensure that the volunteer is suitable to meet the City of Hamilton Animal Services needs. Please complete this application in full and send it back to the shelter using the contact information on the last page.

VOLUNTEER INFORMATION

Date:	
Name:	
Address:	
Home Phone Number:	Cell Number:
E-Mail Address:	
Emergency Contact Name:	
Emergency Contact Phone Number:	
I am between 15-17 years of age.	I am over 18 years of age.

I am interested in volunteering at **Animal Services at 247 Dartnall Rd:** YES NO Mon, Tues, Wed, Thurs, Fri, Sat, Sun **10am-12pm or 2pm-4pm** (holidays 10am-12pm only)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

I am interested in volunteering for the **Adoption Program at PetSmart Store** (store hours 9am to 9pm) located at 1779 Stone Church Road East (Stoney Creek)?

YES NO

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

There are different opportunities to volunteer with Animal Services. Please check off any of the following for which you may be interested in volunteering your time.

Dogs (walking, socialization, enrichment, training) Cats (socializing, enrichment)

Other Domestic Animals (socializing, enrichment)

Animal enrichment, socializing, cleaning, and feeding of cats and other small animals at **PetSmart** Adoption location.

Attending public events with staff to answer questions and educate the public about HAS and Responsible Animal Ownership. Help with set-up and take-down of supplies.

Have you done any volunteering in the past? YES NO

If yes, when, where and what were your responsibilities?

What type of animal experience do you have?

Do you have any allergies? (*peanut butter is used frequently for the dogs as enrichment)

Do you have experience working with?

- a) Animal Behaviour Issues (e.g. aggression, separation anxiety) YES NO What type of behaviour issues?
- b) Animal Health Issues YES NO What type of health issues?
- c) Breed Specific Animals What specific breeds?

How many animals do you (the applicant) personally own or have in your home?

Name	Breed	Age	Spayed / Neutered?	Vaccinations current?	Licensed/ Registered?
			YES	YES	YES
			NO	NO	NO
			YES	YES	YES
			NO	NO	NO
			YES	YES	YES
			NO	NO	NO
			YES	YES	YES
			NO	NO	NO
			YES	YES	YES
			NO	NO	NO

I understand that due to the nature of the shelter environment, animals may become exposed to infectious diseases including, but not limited to, Parvo, Distemper, Upper Respiratory illness, Ringworm and/or Kennel Cough.

I understand it is important to have current vaccinations for your pets as it may be possible for you to transfer a communicable disease from the shelter environment to your animals at home.

Briefly tell us why you wish to volunteer with Hamilton Animal Services.

Is there anything else you feel we should know about you?

Applicant's Signature:

Date:

Notice of Collection

The City of Hamilton collects information under the authority of Section 227 of the Municipal Act, 2001. Any personal information collected will be used for the Hamilton Animal Service's Volunteer Program. By providing your contact information, you are consenting to being contacted from the City of Hamilton and/or their agents/contractors for Hamilton Animal Services matters. Information collected for this initiative may be stored on servers located in Canada and may be subject to Canadian laws. Questions about the collection of this personal information can be directed to Program Assistant, Animal Services at Dartnall Road, Hamilton, L8W 3V9, 905-574-3433 Option 5.

The City of Hamilton Animal Services appreciates the work and efforts made by volunteers to enrich and work with the animals in our care.

Animal Services will:

- Vaccinate, deworm, and treat with Advantage (or Revolution) all animals made available for volunteer enrichment.
- If the animal cannot be vaccinated, dewormed, or treated with Advantage (or Revolution) an explanation will be provided.
- Advise the volunteer of any assessments, behaviour, temperament, health issues observed to ensure volunteer safety.

Volunteers will:

- Follow all health and safety protocols.
- Make arrangements to visit the shelter and volunteer in advance with Animal Services staff by e-mail at <u>sheltervol@hamilton.ca</u> up to 3 weeks in advance.
- Wear a photo Volunteer badge at all times when in the shelter.
- Sign in and out with hours logged in Volunteer Book.
- Comply with all requests made by staff respecting the animals in the shelter.
- Remember this is a commitment and Hamilton Animal Services is relying on you and your time with the animals.

NEXT STEPS

Hamilton Animal Services will begin the screening process. Screening times may vary dependent on staff availability. Screening may be delayed or postponed in the summer months as this is our busy season and staff may not be available for these duties.

Once the screening is complete, your application will be reviewed, and you will be contacted. You may be requested to obtain a Police check depending on the type of Volunteer work you are interested in. If your application is approved, a meeting will be arranged with you for a shelter tour and to sign the necessary documents.

Please hand in with your application with Government Identification						
(i.e.: Driver's Licence)	Copy Attached?	YES	NO			

Thank you for your interest in volunteering with Hamilton Animal Services.

Abigail Huffman

Volunteer Program Assistant Phone: 905 574-3433 or 905 546-2424 ext. 1120 Email: sheltervol@hamilton.ca



REFERENCE INQUIRIES

Name:

As part of the assessment process, we ask that you complete this reference consent form which authorizes us to contact the references you list as part of the final stage of our selection process. Additionally, volunteers may be required to complete a Police Check.

Please provide at least two (2) employment and/or volunteer references.

Organization/Employer:

Name of Contact Person:

Telephone Number:

Relationship of Contact Person:

Position & Title of Contact Person:

Organization/Employer:

Name of Contact Person:

Telephone Number:

Relationship of Contact Person:

Position & Title of Contact Person:

I authorize the City of Hamilton, pursuant to Section 29(1) of the Municipal Freedom of Information and Protection of Privacy Act, to contact the aforementioned person(s) and/or organization for the purpose of obtaining reference information, including information in my personnel file(s).

Signature:

Date: