



# Claresholm Animal Rescue Society

PO Box 2579, 4110 - 3 Street East, Claresholm, AB T0L 0T0

Telephone: 403-625-5370

claresholmcares@gmail.com



## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City/Town PC \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Street Address: \_\_\_\_\_ City/Town PC \_\_\_\_\_  
 Home Tel #: \_\_\_\_\_ Alternate Tel #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ When would you first be available? \_\_\_\_\_

You are required to provide either a current [Criminal Record Check](#) or a [Vulnerable Sector Check](#) with you to the interview. Without one of those, we cannot interview you. Thank you.

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

If "yes", please list : specify where? \_\_\_\_\_  
 when? \_\_\_\_\_  
 type of experience: \_\_\_\_\_

Vet Reference: \_\_\_\_\_ Tel: \_\_\_\_\_

Personal Reference: \*\* \_\_\_\_\_ Tel: \_\_\_\_\_

\*\* Reference cannot be a person affiliated with CARES, nor a relative of the applicant.

Areas of Interest (please circle all that apply):

Cat Care      Dog Care      Foster Care (Cats)      Foster Care (Dogs)      Fundraising

Our regular hours are 10 am - 3 pm. Evening shift of 6 pm - 8:30 pm. We are open 7 days a week.

Availability (please circle all that apply - cats and dogs only):

Sunday      Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

Please specify hours you would be available/interested. \_\_\_\_\_

Can you come in on regular routine? Yes \_\_\_\_\_ No \_\_\_\_\_      Adhoc Basis? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain your availability please: \_\_\_\_\_

Please list any allergies you have which may affect your ability to volunteer: \_\_\_\_\_

Please list any medical concerns that others working with you need to be aware of: \_\_\_\_\_

Name of Emergency Contact in case of emergency:

Name \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Home Tel #: \_\_\_\_\_ Alternate Tel #: \_\_\_\_\_



## CARes VOLUNTEER AGREEMENT & LIABILITY WAIVER

*In signing this agreement, I understand and agree to the following:*

- I agree to release, discharge, indemnify and hold Claresholm Animal Rescue Society (CARes) harmless from any and all claims for damages to my person or property while performing volunteer services for CARes.

INITIALS: \_\_\_\_\_

- I recognize that in performing my volunteer services for CARes there exists a risk of injury, including but not limited to personal physical harm and injury or destruction to personal property which includes but is not limited to animal bites and/or scratches, slip and fall accidents, and other types of injuries, and personal property damage. I waive all rights and claims for damages I may have against CARes, its employees, officers, volunteers, agents, representatives, directors, successors and assigns, and will hold them harmless for any and all injuries arising directly or indirectly from handling any animal from CARes. INITIALS: \_\_\_\_\_

- I authorize CARes' staff to seek appropriate emergency medical treatment in case of accident, injury or illness. INITIALS: \_\_\_\_\_

- I agree to abide by CARes' policy and procedures and I understand that failure to do so may eliminate my eligibility to volunteer. INITIALS: \_\_\_\_\_

- I understand the risk of bringing home illnesses from CARes shelter to personal pets or vice versa. Thus, I will not bring pets and/or children in with me to the shelter. INITIALS: \_\_\_\_\_

- I understand that CARes relies on me to be present for all my scheduled shifts. If I am unable to attend my scheduled shift, I understand that I am to notify my coworker to arrange for a substitute for such shift. In addition, I will also provide notice to the Volunteer Coordinator of any shift changes. INITIALS: \_\_\_\_\_

- I will treat ALL animals, staff and volunteers with respect and I will work as a team member.

INITIALS: \_\_\_\_\_

- I will take ideas, constructive comments, suggestions, concerns and criticism directly to a Board Member.

INITIALS: \_\_\_\_\_

- I understand that CARes' records & info are strictly confidential and will not be revealed to anyone outside the shelter. INITIALS \_\_\_\_\_

- I understand that a Criminal Check Report is required prior to final approval of volunteering at the shelter.

INITIALS \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of CARes Rep: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: Yes \_\_\_\_ No \_\_\_\_

Start Date: \_\_\_\_\_

Orientation provided by: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\* If successful to accept, make sure they sign the Confidentiality Agreement, and attach.**