



Claresholm Animal Rescue Society

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

Telephone: 403-625-5370

claresholmcares@gmail.com



VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____
Month Day Year

Mailing Address: _____ City/Town PC _____

Street Address: _____ City/Town PC _____

Home Tel #: () _____ Alternate Tel #: () _____

Email Address: _____ When would you first be available? _____

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

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 7 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 it not limited to animal bites, 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 ad 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 fulfill my regularly scheduled shift, I understand that it is my responsibility 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 and criticism directly to the Team Leader or Volunteer Coordinator. 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 Police Check 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: _____

Form Revised: September 2020