



## VOLUNTEER PROGRAM APPLICATION

Thank you for your interest in our Volunteer Program.

To become a volunteer at the NS SPCA Kings County Shelter we require you to fill out this application in full. You must be 16 years of age or older. Any persons between 13-15 years old can apply as a junior volunteer but they will require parental supervision (other than a shelter employee) as special restrictions apply. **Before beginning to volunteer at the SPCA Kings County shelter you must complete an Orientation session.** Unfortunately, children under the age of 13 are not permitted to volunteer at our animal shelter for safety reasons.

Personal Details								
Last Name:		First Name:			Date of Birth: (year optional)			
Address:				City:		Postal Code:		
Home Phone:		Work Phone:		Email:				
Emergency Contact Person:		Emergency Contact Phone:		When is the best time to call you?				
Occupation:			Employer:					
Why do you want to become a volunteer with the SPCA?								
Do you have any special needs we should be aware of? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, please give details and agency contact name and phone#								
Volunteer Profile								
Have you had a criminal record check? <input type="checkbox"/> Yes <input type="checkbox"/> No				Tetanus shot up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What animals do you or have you owned, if any?								
Name:		Breed/Type:		Sex:	Spay/Neuter	Age:	Indoor/outdoor:    Still own /Deceased	
Please provide Veterinarian and telephone number:								
Please provide One(1) Reference that we may contact:								
Availability								
<b>Days:</b>	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
<b>Time:</b>	Am / pm	Am / pm	Am / pm	Am / pm	Am / pm	Am / pm	Am / pm	
Please check the type of volunteer work you are most interested in								
<input type="checkbox"/> Dog walking, cat cuddling, grooming <input type="checkbox"/> Shelter Host (greeting and assisting people) <input type="checkbox"/> Adoption Counselor (match people with pets) <input type="checkbox"/> Shelter Projects (painting, maintenance, landscaping, repairs, cleaning)				<input type="checkbox"/> Assist with Volunteer Program <input type="checkbox"/> Clerical / Computer Skills <input type="checkbox"/> Special Events Volunteer <input type="checkbox"/> Other				



## Volunteer Waiver/Confidentially Agreement

Participating as a volunteer in the Kings County Shelter volunteer program, I, the undersigned accept full responsibility of any risk or injury to my property or myself while I am volunteering at the Kings County Shelter. I, or my personal representative and dependants, agree to waive any right of action I may have had or may have in the future against the NS Society for Prevention of Cruelty to Animals and any persons acting on behalf of the organization.

I acknowledge that the Kings County SPCA does not train the animals of the NS SPCA and that they can be unpredictable and dangerous. I also acknowledge that the Kings County Shelter strongly recommends I keep current with my tetanus immunization, and try to consult my physician about this and any other concerns related to working with animals. If I have any reason to suspect I am pregnant, the NS SPCA recommends I ask about health concerns while volunteering at the shelter.

I hereby acknowledge, and understand, that in the course of carrying out my duties at the Kings County SPCA, I may be dealing with information contained in files and records that is confidential or that tends to reveal the identity of a client. I agree to hold such information confidential, and, except as I may be legally required, I will not disclose or release it to any person.

As a volunteer of The Nova Scotia Society for the Prevention of Cruelty including, Kings County SPCA and Provincial Office, I will endeavour to:

- Represent the interest of all animals and people served by the NS SPCA and not favour any special interests inside or outside of the Society.
- Focus my work on the mission of the NS SPCA and not on my personal goals.
- Declare any conflict of interest that I might have in Animal Control investigations, Cruelty Investigations or shelter concerns and remove myself from any involvement.
- Keep all information confidential including any calls received to the shelter as well as all Animal Control and Cruelty calls, including investigations. Any documents that are on desks, in files, on computers or at workstations are considered private, confidential and the property of the NS SPCA.

If I am entrusted with keys to the Provincial Office and/or Shelter, the keys are my personal responsibility and they are not permitted to be given to any other employees or persons. When leaving the building it is my responsibility to ensure that all doors are locked, any equipment that is required to be tuned off is off and that the security system is armed.

Only employees and approved volunteers are permitted to enter the Provincial Office and Shelter after hours. No guests are permitted into the buildings after hours.

Everything contained in the Provincial Office and the Shelter is the property of the NS SPCA. Anything removed from the buildings without permission could be considered theft.

No employee/ volunteer of the NS SPCA shall make any comments to the media or photograph any animals other than those available for adoption. All inquires are to be forwarded to the President of the Society.

By my signature I acknowledge that I am 16 years of age or older, and that I have read all documentation and have voluntarily signed it.

**Is Volunteer between 13-15 years of age?**  Yes  No

If yes, a parent/guardian must sign this form.

Dated at....., Nova Scotia, this.....day of.....20.....

Print name:.....

Address:.....

City:.....Province:.....PostalCode.....

Phone number:.....Email:.....

Signature of Volunteer:.....

Signature of Parent/Guardian:.....

(Parent/Guardian signature is required if volunteer is between 13-15 years of age.)



## **VETERINARIAN CONSENT RELEASE FORM**

I, \_\_\_\_\_, am applying to volunteer at the NS Kings County SPCA, and hereby authorize my veterinarian and any of its clinic or office staff, to release information concerning me, my animals, their health and history to the representatives of the NS Kings County SPCA. I understand that this information will be used as a part of the application process as a prospective foster care provider of animal(s) from the NS Kings County SPCA. My veterinarian requires this written consent to release any personal and confidential information that the NS SPCA and its Representatives may require.

\_\_\_\_\_  
Print Name (Applicant)

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
SPCA Representative

\_\_\_\_\_  
Date