

VOLUNTEER APPLICATION AND PROFILE Cape Breton SPCA

The purpose of the **Cape Breton Animal Shelter** is to provide a safe community for both our citizens and pets, and to promote responsible ownership for our domestic animals through education and enforcement.

We encourage volunteer participation of those people who have a desire **to support** our purpose and are willing to be interviewed and trained. The information provided by completing this profile will enable us to direct you towards the most appropriate, rewarding volunteer opportunity. Please be sure to complete both sides of this profile and to sign and date the proper waiver. Thank you!

Name

(Last Name) (First Name) (M.I.)

Home Address

(City) (Postal Code)

Birthday: _____ Email: _____

Home Phone #: _____ Work Phone #: _____

When is the best time to reach you? _____

In case of emergency, please contact _____

(Name) (Phone) _____

How did you hear about our volunteer opportunities? _____

What is your primary interest in volunteering at the Shelter? _____

Do you have any previous experience working with animals? Yes ____ No ____

If yes, list any relevant experience (please include any pets you may currently have) _____

What are your hobbies, special interests, skills, or training? _____

Are you presently employed? Yes ____ No ____

Did your employer encourage you to seek community involvement? Yes ____ No ____ If yes, what type of work do you do? _____

Are you a student? Yes ____ No ____

How many hours per week are you available to volunteer? _____

Do you have any previous volunteer experience? Yes ____ No ____

THE Cape Breton ANIMAL SHELTER REQUIRES THAT YOU SHOW PROOF OF A CURRENT TETANUS VACCINATION BEFORE YOUR VOLUNTEER SERVICES BEGIN.

Do you possess a valid NC driver's license? Yes ____ No ____ License #: _____

If you possess a valid driver's license, are you willing to use your vehicle to transport?
Animals (in carriers) as part of your work for the shelter? Yes ____ No ____

AS A VOLUNTEER FOR THE Cape Breton SPCA ANIMAL SHELTER, I FULLY UNDERSTAND THAT THE SHELTER DOES NOT PROVIDE VOLUNTEERS WITH MEDICAL, WORKERS' COMPENSATION, OR AUTOMOBILE LIABILITY INSURANCE COVERAGE.

In case of emergency, contact: _____ Phone #: _____

References:

1. _____

Name Position Telephone Number

2. _____

Name Position Telephone Number

Have you ever been convicted of a crime excluding minor traffic offenses and juvenile adjudication's? Yes ____ No ____

If yes, please explain: _____

I confirm that all information supplied on this profile is true and correct. I also acknowledge that the **Cape Breton SPCA** Animal Shelter retains the right to terminate my volunteer involvement at any time in the discretion of the Director, Volunteer Coordinator, or Shelter Manager.

(Signature) (Date)

CRIMINAL RECORD CHECK AUTHORIZATION

I, _____, hereby give my full consent to have a criminal record check done in relation to my volunteer application with Cape Breton SPCA Animal Shelter. I understand that the results of this criminal background check may be used in determining my volunteer application.

Applicant Signature Date

Witness Signature Date
Please return to Cape Breton SPCA When check is completed

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the **Minor** to act as a volunteer for the **Cape Breton SPCA** Animal Shelter (the "Shelter"). I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the Shelter and failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

I understand the public relations is an important part of volunteering at the Shelter. I consent to and authorize the Shelter to use any photographs taken of the Minor for public relations. On behalf of myself and the Minor and our respective heirs and personal representative, I agree not to hold or attempt to hold the Cape Breton SPCA Shelter or the _____, their officers or employees responsible for any injury or damage sustained or incurred by the Minor arising out of or in any way connected with the Minor's activities as a volunteer for the Shelter and hereby release and discharge the Cape Breton SPCA Shelter, their officers and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the minor.

(Signature of Parent/Legal Guardian) Date

ADULT VOLUNTEER RELEASE

(18 years or older)

I, _____, agree to act as a volunteer for the Cape Breton SPCA Shelter. I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation or benefits, including without limitation, workers' compensation benefits. I agree to comply with the rules and regulations established from time to time by the Shelter and understand my failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand the public relations is an important part of volunteering at the Shelter. I consent and authorize the Shelter to use any photographs taken of me for public relations purposes. On behalf of myself, my heirs and personal representatives, I agree not to hold or attempt to hold the Cape Breton SPCA Animal Shelter, their officers or employees responsible for any injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for the Shelter and thereby release and discharge the Shelter, their officers and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by me.

Signature of Volunteer Date

Signature of Volunteer Coordinator Date

RELEASE AND INDEMNITY AGREEMENT

Whereas, the undersigned has voluntarily elected to work at Cape Breton SPCA; and
Whereas, the undersigned desires to do so at his/her own risk and recognizing the possible and inherent danger to his person and property resulting there from; and
Now, therefore, in consideration of the promises and other good and valuable consideration, the undersigned does hereby, for himself/herself, his spouse, heirs, executors or administrators, and personal representatives:

- a. Assume full responsibility for any personal injury or any damages to his person or property which may occur, directly or indirectly, while in, on, or about Cape Breton SPCA office, or while in the performance of their duties.

- b. Fully and forever release and discharge the Cape Breton SPCA, its agents and employees, from any and all claims, demands, damages, rights of actions, or causes of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned being in, on, or about any such SPCA vehicle, or at any or all of the premises or places aforesaid; or while accompanying any employee of the Cape Breton SPCA as aforesaid;

- c. To the extent not covered by insurance, indemnify and hold harmless the Cape Breton SPCA, its agents and employees, for acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on, or about any such SPCA vehicle, or at any or all of the premises and places aforesaid, or while accompanying any such employee as aforesaid.

-2-

- d. Agree that is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

- e. The undersigned has been clearly informed of the possibility of contracting diseases. If they choose to handle these animals the undersigned recognized the inherent danger to their person.

NAME: _____
ADDRESS: _____ **DATE of BIRTH:** _____
CITY, AND Postal code: _____
HOME PHONE: _____
SIGNED AND DATED THIS _____ OF _____, 20____, AT
_____ O'CLOCK
SIGNATURE: _____
WITNESS:
NAME: _____
TITLE: _____
Parent or Guardian Signature (Minor): Emergency Telephone Number: