



490 Didak Drive  
Arnprior, ON  
K7S 0C3  
(613) 623-0916

## VOLUNTEER QUESTIONNAIRE

Thank you for your interest in our volunteer program! We appreciate your interest in assisting the shelter be the best it can be for our furry residents.

**\*\*PLEASE NOTE:** Volunteers must be 16 years of age or older and 19 years of age or older to be a dog walker.\*\*

Please complete this questionnaire to help us understand where your interests lie, what you are able to do, and when you are available to volunteer with us.

- 1) Please provide full and current information so we can best contact you in future:

Name:

Address:

Phone:

Alternate Phone (optional):

E-mail:

- 2) Why are you interested in volunteering for Arnprior & District Humane Society?

- 3) What activities are you interested in volunteering for? Please indicate all that apply:

\_\_\_\_\_ Shelter duties – Cleaning, helping staff around shelter

\_\_\_\_\_ Shelter duties - Dog walker

Bake sales: \_\_\_\_\_ Donations \_\_\_\_\_ Setup (assist with pricing & setup)

Yard sales: \_\_\_\_\_ Morning set up \_\_\_\_\_ Afternoon clean up

\_\_\_\_\_ Walk-a-thons - Checkpoints, registration tables, etc.

\_\_\_\_\_ Gardening & yard work

\_\_\_\_\_ Other events such as pet shows/expos, pet store adopt-a-thons, micro-chip clinics, etc.

4) What areas would be preferable for volunteering? Please indicate all that apply:

\_\_\_\_\_ Arnprior and surrounding area

\_\_\_\_\_ West Ottawa and surrounding area (Stittsville, Bells Corners, Kanata, etc)

5) When you are available to volunteering. Please indicate all that apply:

Mondays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Tuesdays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Wednesdays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Thursdays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Fridays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Saturdays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

Sundays: \_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings

6) When are you available to begin volunteering?

7) How often were you anticipating being able to volunteer. (For example, Once a week, twice a month)

8) Are you volunteering because you require to a certain number of volunteer hours? If yes, please indicate the number of hours required and for what the hours are required.

9) Please list any experience you have relating to caring for or working with animals.

10) Do you have any health concerns, for example, allergies, back injury, a limited ability to lift, which might affect your ability to work at the shelter or fundraising events?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

Please list:

11) Do you have any pets at home? If yes, please list.

**\*\*PLEASE NOTE: All volunteers with the Arnprior & District Humane Society who are pet owners should ensure that their own animal's vaccinations are up to date\*\***

12) Are you a member of any other animal related organization?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Please list and describe your responsibilities with the organization.

Do we have your permission to contact them?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

Contact:

Phone:

Date:

Signature:

**\*\*Please complete the Volunteer Emergency Contact form and Volunteer Consent Form & Waiver.\*\***



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## VOLUNTEER EMERGENCY CONTACT

Name:

Your Date of Birth:

Emergency Contact:

Name:

Relationship:

Address:

Phone:

Alternate Phone:

The following information will be used only in the event an injury requiring medical attention is sustained while volunteering at the shelter.

Family Doctor:

Phone:

Allergies:

Medications:

Medical Conditions or Health concerns:

Date:

Signature:

**\*\*Please read and complete the Volunteer Consent Form & Waiver\*\***



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## VOLUNTEER CONSENT FORM & WAIVER

We appreciate your love of animals and your desire to help them by volunteering at the shelter or events to help raise money and awareness for them. Please read this document carefully and sign it when you have completed it.

1. Please respect spaces marked "Staff Only" by not entering them. If you require something you can not find available in open spaces, please ask the staff. They will gladly assist you.
2. Please confirm with staff before feeding anything to any of the animals, including treats. Likewise, confirm with staff before giving any of the animals toys as some have reactive digestive systems, special dietary needs, or are known to ingest inanimate objects.
3. Our dogs come to us from various backgrounds. Some have been loved and trained; many have been abused or neglected and may remain frightened or aggressive. Some get along well with other dogs; some do not. Occasionally we have dogs with us that have not been vaccinated and/or spayed or neutered and must be separated from other dogs to avoid the possibility of spreading disease, increased aggression, or mating. For your safety and that of the animals, you must always check with staff before allowing 2 or more dogs to occupy the same space (i.e. walks together, in the yard, in a large kennel, etc.) and that you will abide by staff's decisions and recommendations in this regard.
4. Always exercise caution and follow staff instructions when interacting with the cats.
5. Always use the hand sanitizer whenever you move from one room to the other to another and between handling animals to help us avoid the spreading of infection.
6. In the event that a volunteer neglects to consult with staff about interacting with the animals or chooses to act against staff's recommendations and instructions, and injuries occur, the shelter reserves the right to hold the volunteer responsible for associated costs.

7. In the event that a volunteer neglects to consult with staff about interacting with the animals, the animals care, or chooses to act against staff's recommendations and instructions, in order to ensure the continued health and wellbeing of the animal(s), shelter staff reserve the right to ask the volunteer to cease and desist and/or to leave the premises. This may result in termination from the volunteer program for the individual involved.
8. Should a volunteer be unable to meet their commitment to their volunteer duties please notify the shelter manager or volunteer co-ordinator by phone, **613-623-0916** or email at [arnpriorhumane@gmail.com](mailto:arnpriorhumane@gmail.com) or [ADHSvolunteers@gmail.com](mailto:ADHSvolunteers@gmail.com), with a minimum of 48 hours (2 days) notice. Failure to provide 48 hours (2 days) notice on more than one (1) occasion may result in termination from the volunteer program. This is to ensure that sufficient assistance can be arranged and to provide enough time to find a replacement.
9. In the event of sickness please notify the shelter manager or volunteer co-ordinator as soon as possible so arrangements can be made to replace you.
10. I acknowledge that the Arnprior & District Humane Society program is based on the needs of the shelter and animals and that there are limited spaces for volunteer positions. I recognize that the shelter manager, staff, volunteer co-ordinator, and board members are acting in the best interest of the resident animals and that my involvement in the volunteer program is determined based on availability and need. If a volunteer position in the area(s) I have indicated are not available my application will be stored for future opportunities, at which time the volunteer co-ordinator will contact me to see if I'm still interested in volunteering. By providing my information and offering to join the volunteer program I understand I am not guaranteed a position volunteering.
11. I acknowledge that orientation and/or training for a volunteer position may be required and that this initial meeting will be arranged through the volunteer co-ordinator.
12. I acknowledge that all services I provide are strictly on a volunteer basis, without any remuneration and without liability of any nature on behalf of the Arnprior & District Humane Society. I acknowledge that all services are provided at my own risk. I recognize that in handling animals and performing duties as a volunteer there exists some risk of injury. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and do not hold accountable, the Arnprior & District Humane Society, its officers, employees or agents from any and all liability including claims, causes of action, or demands of any nature or kind, costs

and fees, based on losses, damages or injuries which may be incurred or sustained by me during volunteer work and all the consequences thereof. I acknowledge that I have read this policy statement and waiver in its entirety and agree to the terms set out above.

Name:

Signature:

Date:

\*Management take a photocopy of government photo ID for records\*

Staff Signature:

If you have any concerns or questions regarding this application, please contact:

Arnprior & District Humane Society Shelter Manager

613-623-0916

[arnpriorhumane@gmail.com](mailto:arnpriorhumane@gmail.com)

or

Arnprior & District Humane Society Volunteer Coordinator

[ADHSvolunteers@gmail.com](mailto:ADHSvolunteers@gmail.com)