

KATIE'S PLACE VOLUNTEER FORM

Name: _____ Date of Birth: _____ E-mail: _____

Phone No.: Day: _____ Evenings: _____ Other: _____

Address: _____ Street _____ City _____ Postal Code _____

Emergency contact: Name: _____, Phone: _____

Are you **required** to volunteer for school or other reasons? Yes ___ No ___

Previous volunteer experience: _____

Previous experience with animals: _____

References (non-relative):

Name	Phone
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Please list your own pets (*list additional on separate sheet if needed*):

_____ if spayed/neutered: ___ _____ if spayed/neutered: ___

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Availability: (*check all dates and times that you can offer*)

Frequency:

Monday ___ Friday ___ mornings ___ weekly ___

Tuesday ___ Saturday ___ afternoons ___ bi-weekly ___

Wednesday ___ Sunday ___ evenings ___ monthly ___

Thursday ___

Interests: (*check all that you can offer*)

Clean and feed.....___

Help during Open Hours.....___

Simple sewing.....___

Shopping or pick up donated items.....___

Make items for fundraisers.....___

Fundraising.....___

Cuddle the cats.....___

TLC.....___

Grounds maintenance.....___

Building Maintenance.....___

Fostering.....___

Other.....___

PLEASE TURN OVER & SIGN

Katie's Place asks that volunteers abide by the following:

If you are unable to do an agreed task/shift, or if you may be late, please notify a senior volunteer as early as possible. Or, if unable to reach a senior volunteer, call 604-463-7917 and/or email katies.place@shaw.ca

Before leaving, please ensure that:

- nothing is left in any cat areas that could cause them harm (eg cleaning solutions) and that nothing is left in any cat areas that they could damage (eg paperwork)
- all cats are in their own communal rooms except for the "hall cats"
- all doors and cages are locked
- lights are off.

Smoking is not permitted inside the shelter.

Any other requirements will be explained during your orientation.

I have read and understood the volunteer manual (a copy is available at the shelter) _____(initial)

WAIVER:

I, the undersigned, agree to assume all risk of loss or injury, including death, to myself or damage to my property while on Katie's Place's premises and elsewhere while participating in a Katie's Place volunteer program, and hereby release and waive any right of action against Katie's Place, its heirs, assigns, agents or volunteers for any such loss of injury.

I acknowledge that the animals I may be working with are not trained and that they can be unpredictable or dangerous. I also acknowledge that Katie's Place strongly recommends I keep current my tetanus immunizations, and consult my physician about this and any other concerns relating to working with animals.

I hereby waive for my personal representative and dependents all such claims or rights of action aforementioned that the undersigned or my personal representative and dependents may have against Katie's Place, its heirs, assigns, agents or volunteers.

By my signature I acknowledge that I have read this release and voluntarily accept it.

Dated at _____, British Columbia, this ____ day of _____, 20__

Signature of Volunteer or _____ Please print name

Signature of parent/guardian if volunteer is under 18 years of age

Address: Street, City, Province, Postal Code

****Volunteers under the age of 16 years are required to be accompanied by a parent at all times****

Thank you for joining the Katie's Place volunteers. We hope you will find it as rewarding as we do.