



Volunteer/Membership Program

Volunteer Application Form

Thank you for your interest in volunteering for the Airdrie and District Humane Society. Volunteers are the foundation of our organization, an integral part of ensuring homeless animals are happy and healthy, and a vital piece of the puzzle in educating our communities of the proper care for our animals. Together we can make a difference in how our communities view the ethical treatment of animals and continue to grow the services offered.

Minor volunteers, those between 12 - 18 years of age, must volunteer with their parent or legal guardian. Both individuals must attend events together for their entire shift.

At your first volunteer event you will be provided with a volunteer identification name badge. For proper identification purposes, you will be asked to wear your badge at any events you attend on behalf of the humane society. Airdrie and District Humane Society t-shirts are available for purchase.

Volunteering for the Airdrie and District Humane Society cannot be used towards hours of court-ordered community service.

Please complete this application form and either email or mail it to the Volunteer Coordinator at the following coordinates:

Airdrie and District Humane Society
 ATTN: Volunteer/Membership Program Coordinator
 Suite 519, 203-304 Main Street Square
 Airdrie, Alberta T4B 3C3

Phone (403) 980-0119
www.airdriehumane.ca
volunteering.airdriehumane@gmail.com

A. CONTACT INFORMATION

Name	_____	
Occupation	_____	
Home Address	_____	
City	Postal Code	_____
(if different from above)		
Mailing Address	_____	
City	Postal Code	_____
Home Phone	Work Phone	_____
Cell Phone	Alternate Phone	_____
Email	Email 2	_____

B. EMERGENCY CONTACT INFORMATION

Completion of this section is mandatory.

1 st Contact Name	_____	Relationship to you	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Alternate Phone	_____
2 nd Contact Name	_____	Relationship to you	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Alternate Phone	_____

If you will be volunteering with a minor, please complete section C below, otherwise proceed to section D.

C. MINOR INFORMATION

Name _____

Home Address _____

City _____ Postal Code _____

Relationship to you _____

Date of Birth _____
(m m / d d / y y y y)

Emergency Contact for Minor Volunteer, if other than you.

Contact Name	_____	Relationship to minor	_____
Home Phone	_____	Work Phone	_____
Cell Phone	_____	Alternate Phone	_____

D. ALL ABOUT YOU

Do you have allergies that could affect your volunteer efforts? If YES, please explain.	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you have any medical conditions we should know about? If YES, please explain.	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you have any physical restrictions/limitations? If YES, please explain.	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you have your own transportation?	Yes	<input type="radio"/>	No	<input type="radio"/>
Have you ever visited an animal shelter before?	Yes	<input type="radio"/>	No	<input type="radio"/>
Are you a member of the ADHS?	Yes	<input type="radio"/>	No	<input type="radio"/>
Have you done volunteer work for an animal group before? If YES, which one(s)?	Yes	<input type="radio"/>	No	<input type="radio"/>
Have you ever done other volunteer work? If YES, where?	Yes	<input type="radio"/>	No	<input type="radio"/>
Do you have any pets? (indicate how many)	Dogs	<u> # </u>	Cats	<u> # </u>
	Other	_____		<u> # </u>
		_____		<u> # </u>
If you have pets, are they spayed/neutered?	Yes	<input type="radio"/>	No	<input type="radio"/>
How do you feel about euthanizing in extreme conditions where no other option is available. You may briefly explain your answer below if you wish.	Pro	<input type="radio"/>	Con	<input type="radio"/>

E. VOLUNTEER OPPORTUNITIES

There are a variety of ways you can contribute to the ADHS, and your community, please select all that apply.

- Manning the ADHS booth at various community events.
- Driving animals to veterinary appointments.
- I am interested in becoming a director.
- I am interested in participating on a committee: Fundraising Education Spay/Neuter
- Accounting services.
- Grant and other research.
- Dog walking, cleaning kennels, feeding, bathing.
- Cat grooming, socializing, feeding.
- Administrative, answering phones, logging calls, faxes and incoming mail.
- I can attend events anywhere in our district or at the following locations:
 - Acme Balzac Carbon Crossfield Irricana Linden Rockyford
 - Airdrie Beiseker Carstairs Didsbury Keoma Nacmine Three Hills
- Providing a foster home (a separate application will be provided for this selection).

Please note that the volunteer opportunities shaded in grey may still be selected, however, are not services we are able to currently offer.

D. VOLUNTEER SCHEDULE

Please tell us when you are best able to donate your time, select all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings (7am – 11am)
- Afternoons (11am – 4pm)
- Evenings (4pm – 9pm)
- Call me anytime to coordinate my availability
- Other _____

E. YOUR THOUGHTS

How did you hear about this volunteer program?

- A friend told me
- ADHS website
- My local pet shop, please indicate: _____
- Other, please indicate: _____
- Newspaper article
- I've volunteered before

Briefly describe why you are volunteering – what should we know about you?

F. VOLUNTEER AGREEMENT AND CONTRACT

Initials

_____ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Airdrie and District Humane Society.

_____ I will not make public statements on behalf of the Airdrie and District Humane Society to members of the media, but rather refer to the Public Relations Director.

_____ I authorize the Airdrie and District Humane Society to contact the emergency contact(s) on this application and seek emergency medical care in case of accident, injury, or illness.

_____ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

_____ I understand that my Airdrie and District Humane Society name badge must be worn at all times while working on their behalf.

_____ I understand that in handling animals, and performing other volunteer's tasks, there does exist a risk of injury including physical harm caused by the animals.

_____ I hereby allow the Airdrie and District Humane Society to use any photographs taken of me on property or at a special event for public relation purposes.

_____ I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless the Airdrie and District Humane Society, its agents, employees, directors and board of directors from any and all claims, causes of action, or demands of any nature of cause, including costs and attorneys fees incurred by the Airdrie and District Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Airdrie and District Humane Society including but not limited to animal bites, accidents, or injuries.

_____ I acknowledge that non-compliance with the Volunteer Agreement and Contract could lead to termination of my participation in the volunteer program.

_____ I agree to sign the Airdrie and District Humane Society confidentiality agreement.

Print name

Signature

Date

Information is collected and used for volunteer application purposes only. ADHS will hold your information in strict confidence. We will not supply, in any form, personal information contained herein nor obtained by voice communications to third party organizations. ADHS does reserve the right to use this information for statistical purposes where all identifiable information will be removed.