



445 Cornwall Road
Oakville, Ontario
L6J 7S8
(905) 845-1551

www.oakvillehumane.ca

Dear Prospective Volunteer,

We are happy that you are interested in volunteering with the Oakville & District Humane Society. The first step to volunteering with us is to fill out this application; you can fax, email, mail or drop it off at our shelter. Then, when we have an opportunity that is open, we will be in touch with you.

Those contacted will be required to attend a general orientation and training specific to the volunteer opportunity being offered.

Thanks again for your interest.

Please direct any questions or comments to either

Heather White (905-845-1551 ext. 14)
heatherw@oakvillehumane.ca

or

Rachel Silverman (905-845-1551 ext.18)
rachels@oakvillehumane.ca

OAKVILLE HUMANE SOCIETY

VOLUNTEER APPLICATION

PERSONAL INFORMATION:

email: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (res): _____ Phone (cell): _____

Occupation/Employer: _____ May we call you at work? **Yes** **No**

Phone (work): _____

INFORMATION ABOUT VOLUNTEERING:

Volunteers must be 18 years old or above!

Are you 18 years of age or older? **Yes** **No (circle one)**

Are you able to commit to a minimum of one visit per week for at least six months?

What days and times are you available to volunteer? Please be specific:

How long do you intend to stay as a volunteer at ODHS? _____

Do you wish to volunteer because you are **required to** (example: Court or school)?

Yes **No (circle one)**

If yes, please indicate the number of hours needed? _____

Were you referred to us by any individual or organization? **Yes** **No (circle one)**

If yes, please identify the person or organization responsible for making the referral:

Volunteer Positions:

Read the descriptions of each position, if the position is closed we are not accepting applications for this area, if the position is waitlisted then we can accept a limited number of applications for this area.

Please **number** the areas in which you are interested in order of preference:

_____ Dog Training and Walking:
To train, exercise and groom the dogs available for adoption.
Flexible times.

_____ Office Assistant
To assist with office admin., filing and/or data entry.
Varied times.

_____ Cat Socialization
To exercise, socialize and groom the cats available for adoption.
Monday-Friday 10am-5pm. Two and three hour shifts.

_____ Special Events
To assist in the planning and staffing of outreach and fundraising events.
Varied times.

_____ Small Animal Handling
To socialize and exercise the small animals available for adoption.
Thursday and Friday 5-7pm.
Sunday 3-5pm.

_____ Pet Therapy
To visit hospitals, seniors' residences and other community organizations with your dog.
Dogs and handlers must go through testing and training.
Minimum 60 hr/year commitment and must have your own dog

_____ Animal Care
To assist in cleaning and feeding of animals at shelter.
Mornings only.

_____ Wildlife Driver
To transport wildlife from ODHS to various wildlife rehabilitation facilities around the GTA. Must have own vehicle.
Varied times, odd hours.

_____ Education
To lead and assist with a variety of educational programs that the shelter provides.
Varied times.

_____ Fundraising Committee Member
Be involved in the planning and management of ODHS's fundraising strategies and events.
Varied times.

_____ Fostering
Provide care and shelter for animals that are too young or under socialized to be available for adoption.
In your home for an extended period of time.

_____ Technical Committee Member
Be involved with Computer Information Systems.
Varied times.

Why do you want to volunteer for the Oakville & District Humane Society?

What education, skills or abilities would you like to contribute to the Oakville & District Humane Society?

Do you have any health concerns or limitations which might impact on your ability to work at the shelter? If yes, please explain:

Do you have any allergies which might be a factor in an animal shelter setting?

Have you had a tetanus booster in the last 10 years? _____

Have you had pre-exposure rabies vaccine? (Note: not required to volunteer) _____

Do you have pets at home? If so, please list them and the dates of their last vaccinations:

I confirm that everything on this application is true.

Signature of applicant: _____ Date _____

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

Heather White or Rachel Silverman

Community Outreach and Education

Oakville and District Humane Society

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