



Humane Education Volunteer Application Form

PERSONAL INFORMATION		*Please Note: All volunteers must be 55+ years of age		
Last Name:	First Name:	Date Applied:	Date of Birth:	Age:
Address:		City:	Postal Code:	
Home Phone: () -	Other Phone: () -	Email:		
How would you like to be contacted? () Phone - When is the best time? AM PM () Email		Occupation:	CPIC Under the Vulnerable Sector (within 1 year) Completed:	
Emergency Contact Name:	Emergency Contact Phone:	Relation to you:		
VOLUNTEER PROFILE				
Previous volunteer experience? () No () Yes. Where?	Are you applying to perform volunteer work for () Personal Interest School * Please contact the Volunteer Coordinator for information on this program *Please note: We are unable to accommodate court mandated volunteer hours at this time			
Have you been referred by someone: () No () Yes – Name:	Do you have any special skills or training that you believe would benefit the KHS (i.e. first aid, event coordination, etc.):			
AVAILABILITY				
Day	Thurs			
Time	AM PM			
Please circle your availability & time				
VOLUNTEER OPPORTUNITIES				

***Please Note* Due to the high volume of applications, only those applicants whose interests and availability match the needs of the organization will be contacted.**



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Waiver of Liability for Volunteers

The undersigned acknowledges that he/she will be performing certain volunteer services for the Kingston Humane Society. The undersigned further acknowledges that certain risks may be associated with such volunteer services.

In consideration of being permitted to perform such volunteer services for the Kingston Humane Society, the undersigned voluntarily and knowingly executes this waiver with the express intention of waiving any and all rights or causes of action involving, without limitation, bodily injury, infection or property damage to the undersigned while the undersigned is engaged directly or indirectly, in such volunteer services, whether caused by the negligence of the Kingston Humane Society or its officers, directors, agents or employees.

Further the undersigned shall indemnify, defend and hold harmless the Kingston Humane Society and its agents, officers and employees, jointly or individually, for bodily injury or property damage as a result of the undersigned's services contemplated herein.

Signature of Volunteer Date

Protection of Confidentiality

I _____ have been made aware of the confidential nature of information concerning animals, donors, personal and other types of Kingston Humane Society information.

I have been made aware that confidential information may come to my knowledge through casual conversation or perusal of printed material.

I agree to exercise all reasonable care and caution in protecting confidential information. When my volunteer commitment has ended I will exercise this same reasonable care and caution in protecting confidential information.

I also understand that any and all confidential information that may come to my knowledge shall not be released, or spoken by me to any other person(s) without signed authorization from the Kingston Humane Society.

I understand that violation of these or any other rules and/or conditions to volunteering could be met with dismissal.

Signature of Volunteer Date

Signature Volunteer Coordinator Date