

## Volunteer Application

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NAME:

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ADDRESS:

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CITY/PROVINCE:

POSTAL CODE:

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HOME PHONE (AREA CODE):

CELL PHONE:

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E-MAIL ADDRESS:

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EMPLOYER:

WORK PHONE:

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EMERGENCY CONTACT NAME:

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EMERGENCY CONTACT HOME/CELL PHONE:

WORK PHONE:

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TELL US ABOUT YOUR HOBBIES, SKILLS AND INTERESTS:

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TELL US ABOUT YOUR ANIMAL RELATED BACKGROUND (EDUCATION, WORK/LIFE EXPERIENCE, ETC.):

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CURRENT OCCUPATION:

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PREVIOUS VOLUNTEER EXPERIENCE:

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HAVE YOU HAD ANY PREVIOUS EXPERIENCE CARING FOR ANIMALS OR WORKING WITH A HUMANE GROUP?

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WHY ARE YOU INTERESTED IN VOLUNTEERING FOR Community Animal Allies of Niagara (CAAN)?

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AVAILABILITY: WHAT TIMES/DAYS WOULD YOU LIKE TO VOLUNTEER? Please circle.

MORNING    AFTERNOON    EVENING    WEEKDAYS    WEEKENDS    FLEXIBLE

DO YOU WISH TO VOLUNTEER WEEKLY, MONTHLY, OR ON AN OCCASIONAL BASIS?

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DO YOU HAVE ACCESS TO A CAR YOU CAN USE FOR VOLUNTEER WORK?

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HOW DID YOU HEAR ABOUT Community Animal Allies of Niagara (CAAN)?

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PLEASE PROVIDE THE NAMES AND PHONE NUMBERS OF TWO (2) PERSONAL REFERENCES:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ANY COMMENTS YOU WOULD LIKE TO SHARE WITH US?

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**PLEASE REVIEW THE ATTACHED LIST OF VOLUNTEER OPPORTUNITIES AND CHECK THOSE THAT ARE OF INTEREST TO YOU.**

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Further Understanding:** I understand that this is an application for and not a commitment or promise of volunteer opportunity that I have and will provide information throughout the selection process, including on this application and in interviews with CAAN that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would affect my application for a volunteer position. I understand that the information contained on my application will be verified by CAAN and I hereby give permission for CAAN to contact anyone it deems necessary to verify any information provided by me to discuss my suitability for volunteer position, including my background, volunteer experience, and my education or related matters. I voluntarily and knowingly wave all rights to bring an action for defamation, invasion of privacy, or similar cause for action against anyone providing such information. I understand that misrepresentations or omissions may be cause for my immediate rejection for a volunteer position with CAAN or any termination as a volunteer.

**Confidentiality:** I understand that while volunteering at CAAN (Community Animal Allies of Niagara) I may come into contact with information that is considered confidential. This includes any information related to clients: health or disability status, income, personal lives or any other information related to them. I agree that under no circumstance will I discuss this information with people outside of CAAN. I agree to hold information on CAAN clients confidential.

Sign:

Print name:

Date: