

HUMBOLDT & DISTRICT SPCA

VOLUNTEER APPLICATION

APPLICATION DATE : _____

NAME: _____

PHONE NUMBER: _____

ADDRESS; _____

POSTAL CODE: _____

CITY/TOWN: _____

EMAIL: _____

OCCUPATION: _____

AGE; _____

PLEASE CHECK YOUR PREFERENCE AS A VOLUNTEER WITH THE HUMBOLDT & DISTRICT SPCA:

_____ BASIC PET CARE (FEED, WATER WALK)

_____ ASSIST WITH FUNDRAISING

_____ EVENT HELPER

_____ ASSIST WITH PAPERWORK/FILING

_____ MEMBERSHIP/DONATIONS

_____ BUILDING UPKEEP / MAINTENANCE

OTHER: _____

Volunteer support is necessary to our non-profit charitable organization and key to our programs and services. Your time and skills will be well used and much appreciated! We will match you and your talents and interests to our needs in a variety of areas.

LIABILITY WAIVER

PLEASE READ THE FOLLOWING INFORMATION AND IF YOU UNDERSTAND AND AGREE WITH THE HDSPCA POLICY, PLEASE SIGN AND REMIT YOUR FORM IN PERSON OR EMAIL TO HDSPCA@SASKTEL.NET.

WHEN PARTAKING IN ANY EVENT HOSTED BY THE HUMBOLDT & DISTRICT SPCA, WHETHER AS A MEMBER, GUEST, VOLUNTEER, OR IN A PAID CAPACITY, THE HDSPCS WILL NOT BE HELD RESPONSIBLE FOR ANY INJURY, DAMAGES TO YOU OR YOUR PROPERTY OR FOR ANY LOST OR MISPLACED ITEMS.

ALTHOUGH DUE CARE WILL BE EXCERSICED BY OUR MEMBERS AND THE ORGANIZATION AS A WHOLE, WE ARE NOT TO BE HELD LIABLE FOR DAMAGES OR INJURIES THAT OCCER DURING ANY OF YOUR VOLUNTEER EFFORTS.

I, _____ AGREE TO AND UNDERATAND THIS STATEMENT ON
_____ (DAY) _____ (MONTH) _____ (YEAR).

VOLUNTEER SIGNATURE: _____

VOLUNTEER NAME PRINTED: _____

DATE: _____

SIGNATURE OF HDSPCA REP

DATE: _____