



445 Cornwall Road
Oakville, ON
L6J 7S8

TEL: (905) 845-1551
Fax: (905) 845-1973

Dear Prospective Volunteer,

We are happy that you are interested in volunteering with the Oakville & Milton 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@omhs.ca

or

Monica Hutchison 905 845 1551 ext. 18
monicah@omhs.ca

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Email: _____

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone (home): _____ 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 unless otherwise stated

Are you 18 years of age or older? **Yes** **No (circle one)** Age if under 18: _____

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

Yes **No (circle one)**

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

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Hours available from 8am to 12pm							
Hours available from 12pm to 5pm							
Hours available from 5pm to 8pm Thu and Fri	Shelter Closed At 5pm	Shelter Closed At 5pm	Shelter Closed At 5pm			Shelter Closed At 5pm	Shelter Closed At 5pm

How long do you intend to stay as a volunteer at the Oakville and Milton Humane Society?

Do you wish to volunteer because you are **required to?** (e.g. Court or School)

Yes No (circle one)

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

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

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

What position are you applying for? _____

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

What education, skills or abilities would you like to contribute to the Oakville & Milton 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:

Please let us know if there is any other information you would like to share with us regarding your animal experience.

Signature of applicant: _____ Date: _____

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

*Heather White or Monica Hutchison
Community Outreach and Education Department
Oakville and Milton Humane Society
445 Cornwall Road
Oakville, ON L6J 7S8
Phone: 905 845 1551 ext 18
Fax: 905 845 1973*
