

**OAKVILLE AND MILTON 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:

|                                         | Mon                   | Tues                  | Wed                   | Thurs | Fri | Sat                   | Sun                   |
|-----------------------------------------|-----------------------|-----------------------|-----------------------|-------|-----|-----------------------|-----------------------|
| Hours available in the a.m. (i.e. 8-12) |                       |                       |                       |       |     |                       |                       |
| Hours available the p.m. (i.e. 3-5pm)   |                       |                       |                       |       |     |                       |                       |
| Hours available in the evening          | 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 OMHS? \_\_\_\_\_

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 to us 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 (Name, Breed, Age) and the dates of their last vaccinations:

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If you are applying for a position volunteering with animals, please explain your experience with each type of animal.

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

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I give my permission for the Oakville & Milton Humane Society to contact me:

YES

NO

Signature of applicant: \_\_\_\_\_ Date\_\_\_\_\_

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

**Community Outreach and Education Department**

Oakville & Milton Humane Society

445 Cornwall Road

Oakville, Ontario L6J 7S8

(905) 845-1551 ext 305

[coe@omhs.ca](mailto:coe@omhs.ca)