

OAKVILLE AND MILTON HUMANE SOCIETY
ANIMAL AMBASSADOR TEAM VOLUNTEER APPLICATION

PERSONAL INFORMATION:

Preferred Pronoun(s): _____

Email: _____

Full Name: _____

Address: _____ Unit #: _____

City: _____ Postal Code: _____

Phone (res): _____ Phone (cell): _____

Are you 18 years of age or older? _____

QUESTIONS ABOUT VOLUNTEERING:

Are you able to commit to at least 6 months of volunteering? _____

How long do you intend to stay as a volunteer at OMHS? _____

Do you wish to volunteer because you are required for school? _____

How many hours are needed? _____

Do you wish to volunteer because you are required to complete court ordered community service hours? _____

Were you referred to us by an individual or organization? _____

Please identify the individual or organization responsible for making the referral

Do you have any allergies that might impact your ability to volunteer in an animal shelter? _____

Do you have any health concerns that might impact your ability to volunteer in an animal shelter? _____

Have you had a tetanus booster in the last 10 years? _____

Have you had a pre-exposure rabies vaccine? (Note: this is not a requirement) _____

Do you have any pets? _____ (Please list by: Name/Breed/Age/Date of last vaccinations):

Are you willing to provide references? yes/no

Are you willing to complete a police background check for the **vulnerable sector**? (this will not be required unless the dog passes the assessment, and the OMHS cannot reimburse for this). yes/no

Are you willing to complete AODA (Accessibility for Ontarians with Disabilities Act) training? yes/no

Do you have access to reliable transportation for yourself and your dog, to get to and from the shelter and/or special events in Oakville and Milton? yes/no

What is your availability to volunteer? (please circle):

- Monday mornings / Monday afternoons
- Tuesday mornings / Tuesday afternoons
- Wednesday mornings / Wednesday afternoons
- Thursday mornings / Thursday afternoons
- Friday mornings / Friday afternoons
- Saturday mornings / Saturday afternoons
- Sunday mornings / Sunday afternoons

Why do you want to volunteer?

What makes you a great fit for the role you are applying for?

QUESTIONS ABOUT YOUR DOG:

What is your dog's name? age? breed? _____

Who is your dog's veterinarian? _____

Is your dog spayed/neutered? yes/no

Does your dog have a bite history? yes/no

Is your dog house-trained? yes/no

Does your dog jump up on people or vocalize when they get excited or meet new people?
yes/no

Is your dog licensed? yes/no

Is your dog up to date on their rabies vaccination? yes/no

Are you willing to provide proof of rabies vaccination (i.e., rabies certificate) yes/no

Is your dog up to date on their DHPP or DAPP vaccination? yes/no

Is your dog comfortable around other dogs? Please explain.

Is your dog comfortable around children? Strangers? Men? Please explain.

Is your dog okay in noisy and crowded environments? Please explain.

How does your dog react to touch?

What equipment does your dog wear? (collar type, leash type, other special equipment)

What training methods have you used with your dog?

Are you willing to schedule an assessment for your ambassador team (you and your dog)
to see if you are the right fit? yes/no

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*