

OAKVILLE AND MILTON HUMANE SOCIETY
Animal Care – Dogs
VOLUNTEER APPLICATION

Have you read the volunteer post for the **animal care - dogs** role? _____
Please do not complete this information if you have not.

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 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 complete a police background check? _____

Are you willing to complete AODA (Accessibility for Ontarians with Disabilities Act) training? _____

Do you have access to reliable transportation to/from the shelter? _____

QUESTIONS ABOUT ANIMAL CARE - DOGS:

Are you aware this is primarily a cleaning role where you will have limited interaction with dogs? ____

Why do you want to volunteer in an animal care position?

Are you physically able to lift/carry up to 30 lbs.? _____

Can you perform physical duties including repetitive bending, twisting, standing, walking, reaching and crouching? Yes/no

Do you have any physical limitations that would affect your ability to grasp, hold or manipulate objects? yes/no

Are you comfortable around all sizes and breeds of dogs? yes/no

Do you have a strong understanding of canine body language? Please explain

Are you comfortable working in a noisy environment where dogs are barking? yes/no

Are you sensitive to unpleasant smells? yes/no

How do you feel about working as part of a team?

Are you willing and able to:

- Clean and sanitize dog kennels? yes/no
- Dispose of dog poop? yes/no
- Sweep/mop the floor? yes/no
- Assist with laundry? yes/no
- Assist with cleaning dishes? yes/no
- Assist with restocking supplies? yes/no

What is your availability to volunteer? (please circle)

Monday mornings: 8:30 – 10:30 am

Tuesday mornings: 8:30 – 10:30 am

Wednesday mornings: 8:30 – 10:30 am

Thursday mornings: 8:30 – 10:30 am

Friday mornings: 8:30 – 10:30 am

Saturday mornings: 8:30 – 10:30 am

Sunday mornings: 8:30 – 10:30 am

Please let us know if there is any additional information you would like to share with us

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)

