

OAKVILLE AND MILTON HUMANE SOCIETY
WILDLIFE DRIVER 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 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 health concerns that might impact your ability to volunteer?

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? _____

I want to:

- Transport wildlife in my own vehicle
- Transport wildlife in the shelter vehicle
- Have both options available when transporting wildlife

Do you have any phobias related to wildlife? _____

Do you have a clean driving record and are you willing to provide a driver's abstract? (the OMHS cannot reimburse this cost) yes/no

Do you have a valid G driver's license? yes/no

Are you insured? yes/no

Which destination(s) are you willing to drive to?

- Toronto
- Grimsby
- Newmarket
- Jarvis

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

- 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?

Please let us know 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*