Second Chance Wildlife Sanctuary

2060 Concession Road 7 Pickering, ON L1Y 1A2 Tel: 905-649-8282 Email: adoptacat@second-chance.ws Web sites: www.second-chance.ws www.petfinder.org/shelters/ON99.html

Volunteer Application Form

Please complete this form and mail or email to the address above or submit through our website.

Name	e:						
Address:					Apt. No.:		
City/Town:				Province:	P	ostal Code:	
Home Phone:				Cell Phone:			
Email:							
* L		17-19 20-		Retired			
		<u> </u>	School Hours	Community Service Personal Interest			
Volunteer Experience: Are you currently volunteering? Yes No							
If Yes, Organization Name:							
Your Main Activities:							
Previous Volunteer Experience:							
Organization 1:							
Your Main Activities:							
Organization 2:							
Your Main Activities:							
Volunteering Interest (check all that apply):							
Task:			Timeframe				
1.	Cleaning at the Shelter			2-hour shift between 3 p.m. – 5 p.m. at least 1 day per week			
2.	Helping at Pet Store Adoption Events			2-hour shift by event			
3.	Transportation to/from Vet Visits			8 a.m. to 9 a.m. to Vet, 4 p.m. – 6 p.m. from Vet or as required			
4.	Helping at Fundraising Events			4-hour shift by event			
5.	5. Building and Grounds Maintenance			4-hour shift at least 1 day per week			
Your Availabilty (check all that apply):							

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WARNING

I am aware/have been made aware that the handling of cats/kittens (for example: cleaning, brushing, loading and unloading carrying cases and/or cages) involves a risk of being scratched or bitten. There can be medical consequences.

WAIVER

I, ______, hereby agree that I am providing volunteer services to Second Chance Wildlife Sanctuary by assisting with the care of pets (i.e. administering medication, trapping, brushing, feeding, cleaning litter boxes, etc.) this may also include assisting in adoptions of pets through Second Chance Wildlife Sanctuary at local pet stores.

I understand that neither Second Chance Wildlife Sanctuary (nor the local pet store, as applicable), is responsible for any illness or injury caused by any Second Chance cats/kittens that I come in contact with during my volunteer work. I agree to hold harmless and release from liability Second Chance Wildlife Sanctuary and the local pet store, as applicable, should I become sick or injured as a result of my volunteer work for Second Chance Wildlife Sanctuary.

Print Name:	
Signature:	Date:
If under the age of 17, signature of a legal guardian is required:	
Guardian Print Name:	
Guardian Relationship:	
Guardian Signature:	Date