

## Georgina Feral Cat Committee Volunteer Application

Name (first, last)			
Street Address			
City, Province, Postal Code			
Phone			
Email			
Occupation			
AVAILABILITY: During which hours	•	•	Westend Marrings
Weekday Mornings Weekend Afternoons Weekend Afternoons Yeek are you	able to volunteer?	Weekday Evenings	weekend Mornings
INTERESTS: Tell us in which areas		· ·	
Fundraising S Trapping R (specify):	pecial/Store Events eference Checker/Sc	Transport to/from vet_ reener Fostering	Social Media Other
SPECIAL SKILLS: Summarize spe volunteer work, or through other act			oyment, previous
PREVIOUS VOLUNTEER EXPERI	ENCE: Summarize yo	our previous volunteer experie	ence.

## PERSON TO CONTACT IN CASE OF EMERGENCY: Name (first, last) Relationship to you Street Address City, Province, Postal Code Phone **Email** AGREEMENT, LIABILITY WAIVER AND SIGNATURE: To be completed by volunteer and also by legal guardian if under 18 years of age: **STATEMENT INITIALS** By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Georgina Feral Cat Committee from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information. I acknowledge and understand that as a volunteer of Georgina Feral Cat Committee I am not covered by workers' compensation or any other insurance policy through Georgina Feral Cat Committee for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company. I fully understand that as a part of my volunteer work for Georgina Feral Cat Committee I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured. I fully understand that as a volunteer and/or foster home for Georgina Feral Cat Committee, my family may come in contact with animals at Georgina Feral Cat Committee events, and I and my family and/or quests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Georgina Feral Cat Committee or any of its past, present or future officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature. Volunteer Name: \_\_\_\_\_ Volunteer Signature:

Thank you for completing this application form and for your interest in volunteering with us. A volunteer member from Georgina Feral Cat Committee will be in touch with you soon!

Email: georginacatcommittee@gmail.com Phone: 437-328-2287 Website: www.georginaferals.ca

Legal Guardian Signature (if applicable): \_\_\_\_\_

Legal Guardian Name (if applicable):

Date: