



# VOLUNTEER APPLICATION FORM



We would like to know more about you. Please answer the following questions. If you need more space, please attach a separate sheet of paper. **NOTE: you must be at least 18 years of age or older OR 14 years of age and registered in a local secondary school to volunteer at the City Animal Services.**

Applicant Name:		Date:	
Applicant's Mailing Address (STREET, CITY, POSTAL CODE)			
Applicant's Telephone:		Email Address:	

Why would you like to volunteer at City Animal Services:

Do you need volunteer hours?      Yes      No

If so, what school? \_\_\_\_\_

Check the following volunteer jobs that you are interested in doing:

- |               |                                 |                               |
|---------------|---------------------------------|-------------------------------|
| Dog Walking   | Playing & Socializing with cats | Grooming (brushing & bathing) |
| Cage Cleaning | General Cleaning                | Animal Dishes                 |

Do you have experience in the area in which you would like to volunteer? Please explain:

When would you (generally) be available for volunteer service? Please check all that apply.

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

Describe any previous volunteer experience that you have had:

What animals do you have any previous experience with? (At home or volunteer setting)

**References:**

I, \_\_\_\_\_, authorize the Corporation of the City of St. Thomas / City Animal Services to contact the persons listed below for the purposes of obtaining reference information to verify my suitability for volunteering with the City of St. Thomas / City Animal Services. These persons are authorized to disclose such information:

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Relationship to you: \_\_\_\_\_

By signing below, I acknowledge that all statements made in this application are true. Any false statements will result in the denial of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Those selected to volunteer will be required to complete Accessibility Training, a Volunteer Package, and provide a satisfactory Criminal Record Search (Police Information Check) prior to the commencement of volunteering.

***Thank you for considering a volunteer opportunity with City Animal Services.***

**Animal Services, 100 Burwell Road, St. Thomas, ON N5P 3R8 Phone: (519) 631-7430**

Personal information is collected by authority of the Municipal Act as amended and enables city staff to process your request.  
Please contact Matt Vriens at 100 Burwell Rd., St. Thomas, ON, N5P 3R8, Telephone 519.631.1680 ext. 5130 for questions.