



Oshawa Animal Services Volunteer Application

animal@oshawa.ca

Fax: 905-436-5460 Tel: 905-436-3311
919 Farewell Street Oshawa, ON L1H 6N8

Volunteer Application Process Information

In order to apply for the Oshawa Animal Services Volunteer Program, all applicants must satisfy/agree to the following guidelines.

You must:

- be 16 years of age or older
- take part in an interview before being placed
- provide two letters of references at the time of the interview
- provide a police reference check upon being successfully selected as a volunteer candidate
- not have committed an infraction contrary to the City's Responsible Pet Owners By-law 14-2010.
- attend a mandatory training/orientation before the commencement of any volunteer placement

Volunteer Applicant Information		
Name (<i>first and last</i>)		Home Telephone
Address		Other Telephone
City		Fax Number
Postal Code	Province	Email Address
Birthday (MM/DD/YYYY)		

Emergency Contact Information		
Name (<i>first and last</i>)		Home Telephone
Address		Other Telephone
City		Fax Number
Postal Code	Province	Email Address

Volunteer Applicant Medical Information
Please list any medical concerns or conditions (e.g. allergies) we should be aware of which may limit your ability to participate.

Volunteer Applicant Profile			
1. How did you hear about our volunteer opportunities and why would you like to volunteer?			
2. Please tell us about your animal-related background (education, work experience etc.)			
3. Are there any special skills or training that you could offer (e.g. dog training, grooming, photography, etc.)?			
4. Do you currently have any pets? If yes, please tell us about them			
Name of Pet	Type of Pet	Breed	Spay /Neuter <i>(please check one)</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What type of volunteer work interests you? Check all that apply			
<input type="checkbox"/> Cat cuddling	<input type="checkbox"/> Small animals	<input type="checkbox"/> Dog walking	
<input type="checkbox"/> Pet grooming	<input type="checkbox"/> Special events	<input type="checkbox"/> Adoption follow up	
Other: _____			

Volunteer Applicant Availability

Please check all days and times when you are available to volunteer. Shelter volunteer hours are 10:00AM to 4:00PM

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10AM - 12PM						
12PM – 2PM						
2PM – 4PM						

Volunteer Applicant References

Name of Contact Person (<i>first and last</i>)	Home Telephone
Position and Title of Contact Person	Fax Number
City	Email Address
Name of Contact Person (<i>first and last</i>)	Home Telephone
Position and Title of Contact Person	Fax Number
City	Email Address

Community Service Requirement

If this is a community service requirement, please complete this section

Name of Agency/School		
Address		
Name of Contact Person (<i>first and last</i>)		
Number of Hours required to Complete Service:		
Telephone Number	Fax Number	Email Address

Volunteer Applicant Statement of Understanding

I have read and understand the conditions of this application. I understand that I must attend a volunteer orientation and abide by the Oshawa Animal Services Volunteer Policies and Procedures. I understand OAS requires me to provide character references and obtain and submit a police reference check before I begin my volunteer placement.

Reference Consent

I authorize the City of Oshawa to contact the persons listed in the Volunteer Applicant References section for the purposes of obtaining additional reference information. The persons listed are authorized to disclose such reference information.

Confidentiality

I promise to hold in confidence all information pertaining to clients that may come to my attention in the line of duty with Oshawa Animal Services. I will respect the privacy of those whom I serve and confer with the person to whom I report or my supervisor in matters relating to the well being of Oshawa Animal Services' clients. I will use any client information gained in the course of my service with Oshawa Animal Services in a responsible manner.

Signature of Volunteer Applicant	Date
Signature of Parent/Guardian (if applicant under 18)	Date

Instructions for Submitting Your Completed Form

Please submit your completed application to Oshawa Animal Services by:

- a) Regular letter mail to:** 919 Farewell Street, Oshawa, Ontario. L1H 6N8
- b) Emailed scanned copy to:** animal@oshawa.ca
- c) Facsimile (Fax) to:** 905-436-5460
- d) In person to Oshawa Animal Services at:** 919 Farewell Street, Oshawa, Ontario. L1H 6N8

For Internal Use Only

Date Stamp:	Received by:
	Application reviewed by:
	Volunteer Approved <input type="checkbox"/> Yes <input type="checkbox"/> No
	Location: 919 Farewell Street, Oshawa, Ontario. L1H 6N8

Reason / Notes

Personal information contained on this form is collected pursuant to Section 8 of the *Municipal Act, 2001* and Section 28(2) of the *Municipal Freedom of Information and Protection of Privacy Act, 1990* and will be used to administer the City's Animal Services Volunteer Program. Questions about this collection should be directed to the City of Oshawa's Freedom of Information Co-ordinator 905-436-3311.