



Hamilton

Planning & Economic Development, Animal Services
247 Darnall Road, Hamilton, ON L8W 3V9
Phone: 905.574.3433 Fax: 905.574.8877
E-mail: sarah.mombourquette@hamilton.ca
www.hamilton.ca/animalservices

VOLUNTEER APPLICATION

To qualify as a City of Hamilton Animal Services volunteer, complete the application herein with information about yourself and your experience. A background check may be required to ensure that the volunteer is suitable to meet the City of Hamilton Animal Services needs. Please complete this application in full and send it back to the shelter using the contact information on the last page.

VOLUNTEER INFORMATION

Form with fields for Date, Name, Address, Phone Number, Other, E-Mail Address, Personal Social Media Profile, and two checkboxes for age groups: 'I am between 15-17 years of age.' and 'I am over 18 years of age.'

I am interested in volunteering at Animal Services at 247 Darnall Rd: YES NO

Table with 8 columns (Monday-Sunday) and 3 rows (Morning, Afternoon, Evenings) for scheduling availability.

I am interested in volunteering for the Adoption Program at PetSmart Store (store hours 9am to 9pm) located at 1779 Stone Church Road East? YES NO

Table with 8 columns (Monday-Sunday) and 3 rows (Morning, Afternoon, Evening) for scheduling availability.

There are different opportunities to volunteer with Animal Services. Please check off any of the following for which you may be interested in volunteering your time.

Animal Enrichment Dogs Cats Other Domestic Animals

Animal Enrichment, cleaning and feeding animals at PetSmart Adoption location.

Transporting animals in your personal vehicle to and from the shelter for spay/neuter at clinics inside and outside the City of Hamilton.

Attending public events with staff to answer questions and educate the public about HAS and Responsible Animal Ownership.

Have you done any volunteering in the past? YES NO

If yes, where?

What type of animal experience do you have?

What types of animals do you wish to work with for enrichment in our shelter?

Dogs Cats Rabbits Rodents Other

Do you have experience working with?

a) Animal Behaviour Issues (e.g. aggression, separation anxiety) YES NO
What type of behaviour issues?

Animal Health Issues YES NO
What type of health issues?

Breed Specific Animals YES NO
What specific breeds?

How many animals do you (the applicant) personally own or have in your home? _____

Name	Breed	Age	Spayed / Neutered	Vaccinations current?	Licensed/ Registered?
			YES NO	YES NO	YES NO
			YES NO	YES NO	YES NO
			YES NO	YES NO	YES NO
			YES NO	YES NO	YES NO
			YES NO	YES NO	YES NO

I understand that due to the nature of the shelter environment, animals may become exposed to infectious diseases including, but not limited to, Parvo, Distemper, Upper Respiratory illness, Ringworm and/or Kennel Cough.

It is important to have current vaccinations for your pets as it may be possible for you to transfer a communicable disease from the shelter environment to your animals at home.

YES, I understand.

Briefly tell us why you wish to volunteer with Hamilton Animal Services?

Is there anything else you feel we should know about you?

The City of Hamilton Animal Services appreciates the work and efforts made by volunteers to enrich and work with the animals in our care.

Animal Services will:

- Vaccinate, deworm, and treat with Advantage (or Revolution) all animals made available for volunteer enrichment.
- If the animal cannot be vaccinated, dewormed, or treated with Advantage (or Revolution) an explanation will be provided.
- Advise the volunteer of any assessments, behaviour, temperament, health issues observed to ensure volunteer safety.

Volunteers will:

- Make arrangements to visit the shelter and volunteer in advance with Animal Services staff by e-mail or by phone **prior** to visiting the shelter.
- Wear a photo Volunteer badge at all times when in the shelter.
- Sign in and out with hours logged in Volunteer Book.
- Comply with all requests made by staff respecting the animals in the shelter.

NEXT STEPS

Hamilton Animal Services will begin the screening process. Screening times may vary dependent on staff availability. Screening may be delayed or postponed in the summer months as this is our busy season and staff may not be available for these duties. Once the screening is complete, your application will be reviewed and you will be contacted. **You may be requested to obtain a Police check depending on the type of Volunteer work you are interested in (at own cost).**

Vaccine Verification: As a condition of volunteering you are required to provide proof that you are fully vaccinated or provide proof of valid exemption satisfactory to the City prior to your start date. You must acknowledge and agree to comply with any future vaccine policy requirements as an ongoing condition of volunteer participation at the City of Hamilton.

Please hand in with your application with Government Identification (i.e.: Driver's Licence)	Copy Attached?	YES	NO
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Thank you for your interest in volunteering with Hamilton Animal Services.

Sarah Mombourquette

Supervisor, City of Hamilton Animal Services

Phone: 905-546-2424 x 1793

Fax: 905-546-4044

Email: sarah.mombourquette@hamilton.ca

Personal information on this form is collected pursuant to Section 210, Chapter 1045 of the Municipal Act. The personal information collected will be used to administer the volunteer program. If you have questions regarding this collection, please contact Animal Services staff at 905.546.2424 ext. 7165, 247 Dartnall Rd., Hamilton, ON L8W 3V9



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REFERENCE INQUIRIES

Name:

As part of the assessment process, we ask that you complete this reference consent form which authorizes us to contact the references you list as part of the final stage of our selection process. Additionally, volunteers may be required to complete a Police Check.

Please provide at least two (2) employment and/or volunteer references.

Organization/Employer:

Name of Contact Person:

Telephone Number:

Relationship of Contact Person:

Position & Title of Contact Person:

Organization/Employer:

Name of Contact Person:

Telephone Number:

Relationship of Contact Person:

Position & Title of Contact Person:

I authorize the City of Hamilton, pursuant to Section 29(1) of the Municipal Freedom of Information and Protection of Privacy Act, to contact the aforementioned person(s) and/or organization for the purpose of obtaining reference information, including information in my personnel file(s).

Signature

Date