



Volunteer Application

If you are applying to the volunteer program and have children who wish to volunteer with you but are under the age of 14, please fill the application out as a family.

First Name _____ Last Name _____ Date _____

If you are applying as a family, please provide name of child _____ Age _____

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Address _____ City _____ Postal Code _____

(____) _____ (____) _____ _____

Home Phone

Work/Cell Phone

Email address

Name of **local** person to contact in case of emergency _____

Phone

Volunteer Position applying for: _____

Shifts and available times will be discussed at your interview.

Education

Please tell us a little about your educational background.

Employment

Enter information about your employment history at right, starting with your current or most recent job.

Most recent or current employer's name

Description of duties

From To

Phone

Stratford Perth Humane Society Volunteer Application

Experience

Please list your work or volunteer experience that may be relevant to the position you are applying for.

References

To facilitate volunteer placement, applicants are required to submit a minimum of two reference letters.

Please include name, relationship and contact phone number for verification.

Any Volunteer with the Stratford Perth Humane Society (SPHS) must licence their dog(s) according to the City By-Law which states; all dogs must be registered with the City of Stratford on or before January 1st each year. (By-law 195-2002 Section 6.1). Further, a responsible owner will notify Animal Control Services of any change in ownership and/or address (By-law 195-2002, Section 6.11, Section 6.12, Section 6.13)
If you have any questions concerning these By-Laws, please call the office at (519) 273-6600.

If you own a dog, is it licenced for the current year with the city of Stratford?
Yes _____ No _____ Tag # _____ City _____

Signature

I hereby declare that the above information is true and complete to the best of my knowledge. I understand that a false statement may disqualify me from further consideration as a Volunteer or result in dismissal.

Authorization for collection of personal information

I, _____, authorize the SPHS to collect personal information appropriate to the position applied for concerning my academic background and employment/volunteering history, and to verify the references I have supplied.
I understand that the information obtained will be confidential.

Applicants Signature _____

Date _____

If you have any questions concerning this application please call (519) 745-5615, ext. 252 or e-mail kim.mcdonald@awasco.ca