



Application for Animal Shelter volunteer

Personal information

Given name(s): _____

Surname: _____

Usually called: _____

Street address: _____

City/town: _____ Postal code: _____

Phone number: _____ Email: _____

Areas of interest (check all that apply):

General shelter support

Cat socialization and care

Dog socialization and care

Facility maintenance

Administration

PetSmart Animal Care and Adoption Program

Fundraising and events

Foster program

(If the area of interest is fostering, complete the [volunteer foster family application](#)).

Have you previously volunteered for us? Yes No

Are you 16 years or older? Yes No

Available start date: _____

Reasons for volunteering

Explain your reason for volunteering. Note: If you are volunteering for reasons that will require signed documentation of completion of hours, you must contact the Human Resources Department before applying. Sign-off for hours will not be provided unless otherwise arranged before working.

Training

Describe any training you have had related to your area of volunteer interest.

Volunteer history

Present or most recent volunteer position first

Organization name _____

Organization address _____

Type of business _____

Position title _____

Period of volunteer assignment: from _____ to _____

Immediate supervisor name and title: _____

Describe duties/responsibilities and significant achievements

Organization name _____

Organization address _____

Type of business _____

Position title _____

Period of volunteer assignment: from _____ to _____

Immediate supervisor name and title: _____

Describe duties/responsibilities and significant achievements

References

Provide at least two references

Name: _____

Relationship: _____

Contact information: _____

Name: _____

Relationship: _____

Contact information: _____

Name: _____

Relationship: _____

Contact information: _____

Name: _____

Relationship: _____

Contact information: _____

Name: _____

Relationship: _____

Contact information: _____

Name: _____

Relationship: _____

Contact information: _____

Thank you completing this application and for your interest in volunteering with the Town of Georgina

Personal information on this form is collected under the legal authority of the Municipal Act, R.S.O.1980, C.302 as amended, and will be used to determine eligibility for employment. Further information concerning the collection of personal information should be directed to the Human Resources Manager, Town of Georgina, 26557 Civic Centre Rd., Keswick, ON L4P 3G1. Phone 905-476-4301 georgina.ca