

DOG WALKERS – VOLUNTEER APPLICATION

Niagara SPCA & Humane Society 706 East Main Street, Welland, ON L3B 3Y4

Phone: 905-735-1552 or 1-888-222-0568 Fax: 905-735-7414

Email: shelterwel@niagaraspca.com

Date: _			_ Signature:				
Name:							
Addres	ss:						
			Prov.: Postal (ostal Code:		
Phone	: Home:		Cell: _				
Fax: _		Email: Please note: You					
		Please note: You	ır email address allows ı	s to send you n! We ۱	ewsletters and inf will not share your	formation about upcoming events. r email with any outside agencies.	
Emergency Contact:							
		Name		Phone No.		Relationship to you	
The following questions are used for screening dog walkers to determine their suitability for this volunteer position. Answers you provide will be kept in the strictest confidence.							
1.	(b) Do you ha (These are av	Adult Student ve objections to obtaining allable at any NRP stations explain:	ig a Basic Police on for a small fe	e Check? e)		No 🗖	
2.	Describe any	previous experience wo	rking with anima	ls:			
3.	Why are you i	nterested in becoming a	dog walker?				
4.	Do you currer	ntly own a dog(s)?	J Yes □ No)			
5.	Have you eve	r taken your dog to an ol	bedience class?	□ Y6	es 🗆 No)	
6.	Are you availa	able to attend a compulse	ory orientation /	training se	ssions?	J Yes □ No	
7.		ested and willing to attend d to address any concer					
8.		experience working with No If yes, please exp			vioural prob		
9.		t is it to you, that the dog not at all important 5				of experience and 2 3 4 5	
10.	Is there any a	dditional information you	ı wish to provide	?			

DOG WALKERS - VOLUNTEER AGREEMENT & WAIVER

Niagara SPCA & Humane Society 60 Provincial Street, Welland, ON L3B 5W7

Phone: 905-735-1552 or 1-888-222-0568 Fax: 905-735-7414 Email: whs@wellandspca.com

By signing below, I hereby acknowledge that I have read and accept the following terms conditions and understandings:

I, acknowledge.	owledge that all
services are provided strictly on a volunteer basis, without any remuneration of any nature on behalf of the Niagara SPCA & Humane Society. I acknowled are provided at my own risk.	-
I recognize that in handling animals and performing duties as a volunteer, the injury including physical harm caused by animals. I further understand that the domestic animals in our shelter may be unpredictable and that domestic anim spreading disease and/or inflicting injuries and may cause serious personal ir well as extensive property damage. Knowing the risks of handling domestic a nevertheless, I hereby agree to assume those risks and to release, indemnify any persons who might otherwise be liable to me (or my heirs or assigns) for behalf of myself, my heirs, personal representatives, and executors, I hereby indemnify and hold harmless the Niagara SPCA & Humane Society, its agent employees from any and all claims, causes of action, or demands of any natural including costs and attorney's fees, based on losses, damages or injuries whi incurred or sustained by me during my services as a volunteer and all consecutives includes but is not limited to animal bites, scratches, accidents and other date.	e behaviour of mals are capable of hjury or death, as unimals; and hold harmless damages. On release, discharge ts, servants, and ure or kind, ich may be quences thereof.
Print Name	
Signature	
Must be 18 years of age to be a dog walker. Individuals under 18 are not allowed to participate without an add	ult present.
Witness	
Check one: ☐ Kennel Attendant ☐ Animal Services Officer ☐ Manager ☐ Do	g Walking Coordinator
Orientation Date:	
Program Coordinator:	