



## CAT SOCIALIZER – 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

**\*\*Please email the shelter you wish to volunteer at\*\***

Welland: [shelterwel@niagaraspca.com](mailto:shelterwel@niagaraspca.com)

Niagara Falls: [shelternf@niagaraspca.com](mailto:shelternf@niagaraspca.com)

Port Colborne: [portshelter@niagaraspca.com](mailto:portshelter@niagaraspca.com)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*Please note: Your email address allows us to send you newsletters and information about upcoming events.  
We will not share your email with any outside agencies.*

Emergency Contact: \_\_\_\_\_

Name

Phone No.

Relationship to you

The following questions are used for screening cat socializers to determine their suitability for this volunteer position. Answers you provide will be kept in the strictest confidence.

- (a) I am an Adult  Student  (age 18 or above)

(b) Do you have objections to obtaining a Basic Police Check? Yes  No

(There is no charge for this as long as you have a letter from the Niagara SPCA requesting it)

If "Yes" please explain: \_\_\_\_\_
- Describe any previous experience working with animals: \_\_\_\_\_

\_\_\_\_\_
- Why are you interested in becoming a cat socializer? \_\_\_\_\_

\_\_\_\_\_
- Do you currently own a cat(s)?  Yes  No
- Are you available to attend a compulsory orientation / training sessions?  Yes  No
- Are you interested and willing to attend periodic cat socializer meetings (to share experience with each other and to address any concerns that may arise)?  Yes  No
- Is there any additional information you wish to provide? \_\_\_\_\_

\_\_\_\_\_

# CAT SOCIALIZER – 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

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

I, \_\_\_\_\_ acknowledge that all services are provided strictly on a volunteer basis, without any remuneration and without liability of any nature on behalf of the Niagara SPCA & Humane Society. I acknowledge that all services are provided at my own risk.

I recognize that in handling animals and performing duties as a volunteer, there exists a risk of injury including physical harm caused by animals. I further understand that the behaviour of domestic animals in our shelter may be unpredictable and that domestic animals are capable of spreading disease and/or inflicting injuries and may cause serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals; nevertheless, I hereby agree to assume those risks and to release, indemnify and hold harmless any persons who might otherwise be liable to me (or my heirs or assigns) for damages. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the Niagara SPCA & Humane Society, its agents, servants, and employees from any and all claims, causes of action, or demands of any nature or kind, including costs and attorney's fees, based on losses, damages or injuries which may be incurred or sustained by me during my services as a volunteer and all consequences thereof. This includes but is not limited to animal bites, scratches, accidents and other injuries.

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Witness \_\_\_\_\_

Check one:  Kennel Attendant  Animal Services Officer  Manager  Volunteer Coordinator

Orientation Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_