



Cat Centre Application – Niagara SPCA & Humane Society

The Niagara SPCA & Humane Society encourages the participation of volunteers who support our purpose; the prevention of cruelty, abuse and neglect of animals. We welcome those who have a desire to assist us in our effort to raise the necessary funding through events held within the communities that we serve which enable us to continue our mission of caring for the animals in our shelter.

Please PRINT

NAME					
ADDRESS					
CITY		PROV		POSTAL CODE	
CONTACT INFO	E-Mail			Home Phone:	
				Cell Phone:	
<i>I agree that my contact information may be shared with Volunteer Coordinator</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
AGE	<input type="checkbox"/> 18 – 20 <input type="checkbox"/> 21 – 30 <input type="checkbox"/> 31 – 40 <input type="checkbox"/> 41 – 55 <input type="checkbox"/> 55+ PLEASE NOTE: You must be at least 18 years old to volunteer				

****A clean criminal records and judicial matters check is required before a volunteer position is offered****

Describe any previous experience working with animals:

Each month, we have 76 shifts to cover at our Seaway Mall Adoption Centre. If you could commit to one 4 hour shift (each week for the entire month) we would be able to run our adoption centre with 38 volunteers per month. To avoid scheduling problems, we ask you to commit to a monthly schedule. Volunteers must be able to read and write in English, follow instructions, work independently, and have the mobility to show potential adopters to the different cats. Bending and kneeling to clean cat enclosures is also necessary.

Months I can commit to:

January February March April May June July August September October November December

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<input type="checkbox"/> 9:30 – 1:00	<input type="checkbox"/> 9:30 – 1:00	<input type="checkbox"/> 9:30 – 1:00	<input type="checkbox"/> 9:30 – 1:00	<input type="checkbox"/> 9:30 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 10:00 – 1:30
<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:00 – 5:00	<input type="checkbox"/> 1:30 – 5:00
<input type="checkbox"/> 5:00 – 8:00	<input type="checkbox"/> 5:00 – 8:00	<input type="checkbox"/> 5:00 – 8:00	<input type="checkbox"/> 5:00 – 8:00	<input type="checkbox"/> 5:00 – 8:00		

*Shift hours may change in response to changes in mall operating hours

Have you ever been charge with cruelty to animals or convicted of any crime against animals? Yes No

Is there any additional information you would like to provide?

DECLARATION BELOW MUST BE SIGNED

I hereby acknowledge that:

I offer my services on a volunteer basis and understand that no compensation or payment for same will be provided to me nor is there any offer of employment being made or expressed as a result;

All services performed by me are done so at my own risk and that the Niagara SPCA & Humane Society is hereby indemnified and shall be held harmless from any and all liability that may result from my participation as a volunteer;

I certify by my signature herein that I have never been charged with cruelty to animals or convicted of any crime against animals for which I have not been granted a pardon.

I give consent to receiving electronic correspondence (emails) from the Niagara SPCA & Humane Society.

Please initial

Date _____ Signature _____

BRING OR MAIL COMPLETED APPLICATION TO

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

Phone: 905-735-1552 or 1-888-222-0568 Fax: 905-735-7414 E-Mail: shelterwel@niagaraspc.com

ADDITIONAL INFORMATION ABOUT YOU...

1. What do you hope to gain by volunteering?

2. Please specify other special skills / resources you can offer.

4. List other community organizations in which you are or have been a volunteer or member of:

Group Name _____ Work you did _____

Group Name _____ Work you did _____

5. Please list two references (not family):

Name _____ Phone _____ Relationship _____

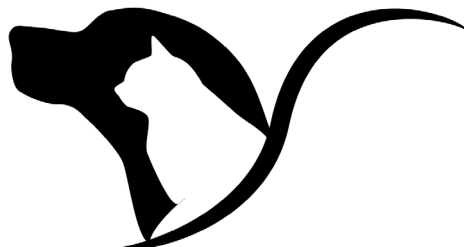
Name _____ Phone _____ Relationship _____

6. Please provide the name of a friend/ family member whom we should contact in the event of any emergency:

Name _____ Phone _____ Relationship _____

7. Comments: Please feel free to comment about our volunteer programs. We continue to search for areas of improvement so that our animals receive the utmost care, kindness and compassion.

Thank you for your interest in serving as a volunteer for the Niagara SPCA & Humane Society!



NIAGARA SPCA
and Humane Society

Revised April 2023