



Georgina Feral Cat Committee Volunteer Application



CONTACT INFORMATION:

Name (first, last)	
Street Address	
City, Province, Postal Code	
Phone	
Email	
Occupation	

AVAILABILITY: During which hours are you available for volunteer assignments?

- Weekday Mornings
 Weekday Afternoons
 Weekday Evenings
 Weekend Mornings
 Weekend Afternoons
 Weekend Evenings

How many hours per week are you able to volunteer? _____

INTERESTS: Tell us in which areas you are interested in volunteering

- Fundraising
 Special/Store Events
 Transport to/from vet
 Social Media
 Trapping
 Reference Checker/Screeners
 Fostering
 Other (specify): _____

SPECIAL SKILLS: Summarize special skills and qualifications do you have from employment, previous volunteer work, or through other activities, including hobbies or sports.

PREVIOUS VOLUNTEER EXPERIENCE: Summarize your previous volunteer experience.

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name (first, last)	
Relationship to you	
Street Address	
City, Province, Postal Code	
Phone	
Email	

AGREEMENT, LIABILITY WAIVER AND SIGNATURE:

To be completed by volunteer and also by legal guardian if under 18 years of age:

STATEMENT	INITIALS
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	_____
I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release Georgina Feral Cat Committee from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.	_____
I acknowledge and understand that as a volunteer of Georgina Feral Cat Committee I am not covered by workers' compensation or any other insurance policy through Georgina Feral Cat Committee for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.	_____
I fully understand that as a part of my volunteer work for Georgina Feral Cat Committee I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.	_____
I fully understand that as a volunteer and/or foster home for Georgina Feral Cat Committee, my family may come in contact with animals at Georgina Feral Cat Committee events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured	_____
My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Georgina Feral Cat Committee or any of its past, present or future officers, agents, volunteers, employees or assigns, from all acts which are related to the normal performance of required and implied duties. My signature, whether original, by fax or any other electronic means, is valid as if it were an original signature.	_____

Volunteer Name: _____

Volunteer Signature: _____

Legal Guardian Name (if applicable): _____

Legal Guardian Signature (if applicable): _____

Date: _____

Thank you for completing this application form and for your interest in volunteering with us. A volunteer member from Georgina Feral Cat Committee will be in touch with you soon!

Email: georginaferals@gmail.com

Website: www.georginaferals.ca