



# CAT CREW – VOLUNTEER APPLICATION

Welland & District 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](mailto:whs@wellandspca.com)



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

Name: \_\_\_\_\_

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 Crew volunteers to determine their suitability for this position. Answers you provide will be kept in the strictest confidence.

1. (a) I am an Adult  Student  (age 18 or above)  
 (b) Do you have any objections to completing a Police Check: Yes  No   
 If yes please explain: \_\_\_\_\_

2. Describe any previous experience working with animals:  
 \_\_\_\_\_

3. 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 nightmares, we ask you to commit to a monthly schedule.

4. If special accommodations are require please explain  
 \_\_\_\_\_

Months I can commit to:

JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 9:00 – 1:00
<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"/> 5:00 – 9:00	<input type="checkbox"/> 5:00 – 9:00	<input type="checkbox"/> 5:00 – 9:00	<input type="checkbox"/> 5:00 – 9:00	<input type="checkbox"/> 5:00 – 9:00

SATURDAY	SUNDAY
<input type="checkbox"/> 9:00 – 1:00	<input type="checkbox"/> 10:00 – 1:30

<input type="checkbox"/> 1:00 – 5:30	<input type="checkbox"/> 1:30 – 5:00
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11. Have you ever been charged with cruelty to animals or convicted of any crime against animals?  
 Yes     No

Revised February 2015

# CAT CREW – VOLUNTEER AGREEMENT & WAIVER

**Welland & District 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 that all services are provided strictly on a volunteer basis, without any remuneration and without liability of any nature on behalf of the Welland and District Society for the Prevention of Cruelty to Animals. 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 ADOPTION CENTRE 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 Welland and District Society for the Prevention of Cruelty to Animals, its agents, servants, employees and volunteers 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: \_\_\_\_\_

**Must be 18 years of age to be a Cat Crew Volunteer.**

Witness: \_\_\_\_\_

Check one:  Adoption Coordinator     Ontario SPCA Agent     Manager     Volunteer Coordinator