



Making a difference...together

CRD VOLUNTEER APPLICATION FORM

625 Fisgard Street, PO Box 1000 Victoria, BC V8W 2S6 Tel: (250) 360-3000 Fax: (250) 360-3023
(please print clearly)

Personal Information

Last Name:		Given Name(s):		Name(s) You Go By:		[Mr] [Ms] [Miss] [Mrs]	
Street Address:				City:		Postal Code:	
Mailing Address (if different):				City:		Postal Code:	
Home Phone ()		Home Fax: ()		Cell/Pager: ()			
* Date of Birth (REQUIRED): YYYY/MM/DD				Home Email Address:			

In case of emergency notify:

Last Name:		First Name:		Relationship:	
Address:		City:		Home Phone: ()	
				Work Phone: ()	

Volunteer position applied for: _____

Name of CRD department you are volunteering for: _____

Skills or experience relevant to the position applied for: _____

I understand that my services must be in conformance with the tasks described in the volunteer position description, which I have read and understand.

I understand that in the event of a personal injury I am not covered by WCB but instead would be eligible for benefits under the CRD Volunteer Accidental Death & Dismemberment (AD&D) policy (subject to terms and conditions). I understand that I am responsible for the safety and security of all my property and possessions.

I understand that the District will indemnify me against any claims for damages arising out of the performance of my duties and, in addition, pay amounts required for the protection, defense, or indemnification arising therefrom provided that I am not guilty of dishonesty, gross negligence, willful misconduct, or the cause of the action libel or slander.

SIGNED this ____ day of _____ 20____.

Signature _____

OFFICE USE ONLY	
Volunteer Accepted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Starting Date: _____	Finish Date: _____
Authorized Signature: _____	Date: _____

FREEDOM OF INFORMATION

Personal information contained on this form is collected under the authority of the Local Government Act and is subject to the Freedom of Information and Protection of Privacy Act. The personal information will be used for purposes associated with the Volunteer program. Enquiries about the collection or use of information in this form can be directed to the Freedom of Information and Protection of Privacy contact: Manager, Information Services at 250-360-3639

CRD Animal Shelter Volunteer Application

Name: _____

Have you worked with animals in the past? _____

If so where? _____

Relevant Training/Education _____

Previous volunteer experience: _____

Organizations of which you are now a member: _____

Do you have your own transportation? _____

Have you ever been charged with animal cruelty? _____

Do you agree to a Criminal Record Check? _____

How did you hear about us? _____

Why do you want to volunteer for the CRD Animal Shelter? _____

We are looking for a commitment of one, two (2) hour shift per week.

Please identify your preference of days and we will do our best to accommodate.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10am-12pm	10am-12pm	10am-12pm	10am-12pm	10am-12pm	10am-12pm	10am-12pm
N/A	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm

Are you comfortable handling large strong dogs that have minimal training?_____

Are you physically fit enough to walk for a minimum of 30 minutes?_____

Are you able to safely lift 50lbs? _____

Do you understand, that while we do our best to assess each animal in our care, we cannot guarantee the temperament of any of the animals so there is a risk of injury?_____

Are you interested in fostering animals?_____If so what kinds?_____

This application is for the CRD Animal Shelter Volunteer Program. I understand my services must be in conformance with the tasks described in the volunteer position description, which I have read and understand. I will perform these tasks on a volunteer basis for a minimum of three months, renewable upon mutual agreement. I understand that I am identified with the CRD Animal Shelter at all times while wearing Volunteer identification, and that it is my responsibility to be courteous in all contacts with the public and to follow the guidance and decisions of the CRD Animal Shelter.

Date:_____

Signature:_____

OFFICE USE ONLY	
Volunteer Accepted:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Starting Date: _____	Finish Date: _____
Authorized Signature: _____	Date: _____

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