



**MEDICINE HAT SPCA**  
**55 SOUTHWEST DR. SW**  
**MEDICINE HAT, AB**

**Volunteer Application**

Please complete all applicable information

**Personal Information**

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

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Are you 18 years of age or older?      yes      no

Will a child be volunteering with you?      yes      no

Do you have any other health problems that could affect your volunteer work?      yes      no

If yes, please explain. \_\_\_\_\_

**Experience:**

Please list any special skills you may have that would be useful in volunteering with us: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your previous relevant volunteer and work experience:

\_\_\_\_\_

\_\_\_\_\_

Please explain other reason(s) why you would like to volunteer and how you expect your volunteer experience will affect your life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What days/times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteer Opportunities:**

A commitment of minimum four shifts per month for a least 6 months is required to volunteer.

I am able to make this commitment.

I am NOT able to make this commitment.

Please check the areas that interest you most.

Dog walking

House Keeping

Animal Attendee

Special events/Fundraising (occasional)

Handyman (occasional)

**Emergency Contact**

\_\_\_\_\_

Name

\_\_\_\_\_

Relationship

\_\_\_\_\_

Phone Numbers

**Waiver**

WHEREAS I have agreed to participate in the Medicine Hat SPCA Volunteer Program established by the Medicine Hat SPCA; AND WHEREAS I have agreed to abide by the rules and regulations established by the Medicine Hat SPCA and have been made aware of such rules and regulations; AND WHEREAS I have agreed to execute a waiver and covenant not to sue: I or myself, my heirs, executors, administrators, and assigns, in consideration of being allowed to participate in the Medicine Hat SPCA Volunteer Program to buy this instrument covenant with the Medicine Hat SPCA to forever refrain from instituting any action or cause of actions for damages, loss or injury to either my person or property against the Medicine Hat SPCA, or any other cooperating organization or parties involved in the Medicine Hat SPCA Volunteer Program. I agree to save harmless the Medicine Hat SPCA and any other organization or parties participating in the Medicine Hat SPCA Volunteer Program from actions, cause of action, or damages or injuries sustained by any third parties while I am participation in the said program.

I give permission to receive volunteer opportunities and updates via email.

I understand that the Medicine Hat SPCA reserves the right to refuse my application as a volunteer at any stage of the screening process.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date