

Restigouche SPCA / La SPA de Restigouche Volunteer Application / Demande de bénévolat

Revised Oct 9th, 2019 Applicants Information:	
Name:	Phone #1:
Address:	Phone #2:
Is this application for a person under the age of (if so, this volunteer must be accompanied by a parent or ge	uardian, until they reach the age of 18)
Child's name:	Relationship:
What type of volunteering would you like to Volunteering at the shelter (check preferences): Anything!	Other Areas to Volunteer (check preferences) Dalhousie Famer's Market Dalhousie Used Book Store Campbellton Market Used Book Store Campbellton Used Book Kiosk (summer) Special Events (Parades, etc.) All of the above! Anything!
Please detail days and hours you are available to volunteer (if limited):	
Have you ever been involved with other no	n-profit organizations? If yes, which ones?
Have you volunteered at our shelter before? If yes, when and how?	
Please provide 3 references and phone nun	nbers where they can be reached.
1.)	
2.)	
3.)	Ph: or

Please provide your Medicare Card Name, Number & Expiry Date, in case of Emergency:

Emergency Contact: _____ Phone: _____ Relationship: ____

PLEASE NOTE: Persons volunteering at the shelter must be at least 16 years of age. Volunteers between the ages of 16-17 must be accompanied by a parent or guardian, who can ensure adherence to directives. Volunteers must be at least 18 to volunteer independently and will then be responsible to adhere to directives on their own. All shelter volunteers will be asked to sign a waiver of responsibility and code of conduct. All Shelter volunteers are expected to adhere to directives regarding restricted areas and disease prevention practices. In addition, to prevent the spread of disease among our shelter population, all persons volunteering within the shelter must have their animals current on their vaccinations. Of utmost importance, if any volunteers have multiple cat households, is that they refrain from volunteering if any of their cats are sneezing or sick, if any are unvaccinated or are feral rehabs or have ever had respiratory disease.

Signature: _____

Date: