

Volunteer Information Form - Please fill out the following form and

return to the Northern Lights Regional Humane Society (NLRHS).

PERSONAL CONTACT INFORMATION

| Name: | Street Address: | | | | |
|-------------------------|-----------------|--|--|--|--|
| Home Phone: | Town: | | | | |
| Work Phone: | Province: | | | | |
| Home Email: | Postal Code: | | | | |
| Work Email: | Date of Birth: | | | | |
| Best Way to Contact: | Today's Date: | | | | |

EMERGENCY CONTACT INFORMATION

In case of an emergency, the NLRHS will act immediately to contact your preferences below.

| Primary Contact: | Relationship: | |
|---------------------|---------------|--|
| Phone | Other Phone | |
| Number: | Number: | |

Please note: Volunteers who work directly with shelter pets will be exposed to dog and cat dander; dog and cat hair; cleaning chemicals; pet foods with preservatives; bouncy animal activity; and other potential hazards. Some lifting and labor may occasionally be asked of volunteers.

MY VOLUNTEER INTERESTS

| Walking Dogs Cat Cuddling Grooming Vet Runs Volunteer Coordination Dog Training | Fundraising: Newfie Night, Dog Walk, GTKYN, Trade Show, etc. Kennel Aid/Shelter Shifts: Weekdays & Weekends – Morning, Days & Evenings | Public Relations Clerical/Office Work Fostering Animals Adoption Screening Adoption Follow-ups |
|--|---|--|
|--|---|--|

FOR YOUTH VOLUNTEERS ONLY

Because we value your children we want to ensure their safety while they are volunteering at the Animal Shelter. We welcome parents or guardians who want to work with their child during their volunteer time to help build a parent-child relationship. Youth volunteers must be 13 years of age or older to volunteer at the shelter without a parent or guardian present, but with their written permission. Younger children can volunteer if accompanied by a parent or guardian.

| Permission | Slip | and | Liability | Waiver. 1. do here |] ebv de | give permission for my minor child to | _], volui | the nteer at | parent | |
|--|---------------------------------|-----------------------------------|--|---|--------------------------------|---|---------------------------------|---|---------------------------------------|----------------------|
| to do physical puppies. I here a result of suc | labor si by know h activi | uch as s wingly, f ity from | weeping, m reely, and v which, and | tand that m opping, clea oluntarily wa liability may | y chi aning aive / or | Id will be working with and around ar g, and will be walking dogs and hand any right or cause of action of any ki could accrue, against the Northern Il services will be performed at my ov | nimal dling nd w Light | s and r cats an hatsoe s Regio | nay be as nd kittens ver arisin | sked and ig as |
| Parent's Signa | ture: | | | | | Parent's Name Printed: | | | | |

| Volunteer Signature: | Date : |
|--|--------|
| Northern Lights Regional Humane Society signature: | Date: |