



# Caledon Animal Shelter Volunteer Application

**For liability and insurance reasons, the Caledon Animal Shelter is only able to offer volunteer placement to applicants aged 15 years or older**

Applicant Information			
Last Name		First Name	
Street Number	Street Name		Town/City
Postal Code	E-mail address		Home Phone Number
Cell/Work Phone Number	Relevant Age Group <input type="checkbox"/> 15-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> >50		
Emergency Contact Name		Home Phone Number	Work/Cell Phone Number
Family Doctor			Office Phone Number
Previous Volunteer Experience			
Experience with Animals			
Physical Limitations (allergies, lifting, etc.)			
Reason for Volunteering			
List any pets at home			

Availability/Areas of Interest			
<i>Please note that Volunteer Program at the Caledon Animal Shelter operates from Monday – Friday only</i>			
<b>Day</b>	<b>Available Time</b>	<b>Day</b>	<b>Available Time</b>
Monday		Thursday	
Tuesday		Friday	
Wednesday			
Please select an activity of interest			
<input type="checkbox"/> Dog Walking <input type="checkbox"/> Cat Care <input type="checkbox"/> Fundraising <input type="checkbox"/> Other <input type="checkbox"/> Student – Community Service Hours			

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Personal information contained on this form is collected under the authority of *The Municipal Freedom of Information and Protection of Privacy Act*, and will be used for the purpose of responding to your access request. Questions about this collection should be forwarded to the Town of Caledon Freedom of Information Co-ordinator at 6311 Old Church Road, Caledon, ON L7C 1J6, 905-584-2272.



# Caledon Animal Shelter Volunteer Application

For Office Use Only	
Received By	Date Received
<input type="checkbox"/> Waiting List <input type="checkbox"/> Active	If active, Policy/Training Manual received? <input type="checkbox"/> Yes <input type="checkbox"/> No      Date: _____
Notes	