



**Homeward Bound**  
CITY POUND

## Volunteer Application

Date: \_\_\_ MM \_\_\_ DD \_\_\_ YYYY Full Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Age: \_\_\_\_\_

Employment Status (please circle): **Student / Working / Retired / Unemployed**

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Do you want to volunteer with dogs or cats? **Dogs / Cats**

Do you have any special needs we should be aware of? (please circle) **Yes / No**

Have you been referred for volunteer work/community service fulfillment by any third party (e.g. government or private agency)? (please circle) **Yes / No**

***If yes, please provide details:***

Agency: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Volunteer Waiver

I, the undersigned accept full responsibility of any risk or injury to myself or my property while I volunteer as a dog walker at Homeward Bound City Pound (HBCP). I, or my personal representative or dependants, agree to waive any right of action I may have had or may have in the future against HBCP and any persons acting on behalf of the organization.

I acknowledge that HBCP does their best to train and evaluate each animal; however, unpredictable behaviours can still occur. I also acknowledge that HBCP strongly recommends I keep current with my tetanus immunization, and try to consult my physician about this and any other concerns related to working with animals, especially if I have any reason to suspect I am pregnant.

I hereby acknowledge, and understand, that in the course of carrying out my duties at HBCP, I may be dealing with information contained in files and records that is confidential or that tends to reveal the identity of a client. I agree to hold such information strictly confidential, and I will not disclose or release it to any person, except if I am legally required to do so.

By my signature I acknowledge that I am 18 years of age or older, and that I have read this release and have voluntarily signed it.

### ***Confidentiality Agreement***

As a volunteer of HBCP I will endeavour to:

- Represent the interest of all animals and people served by HBCP and not favour any special interests inside or outside of the company.
- Declare any conflict of interest that I might have in Animal Control investigations, Cruelty Investigations or city pound concerns and remove myself from any involvement.
- Keep all information confidential including any calls received to the city pound as well as all Animal Control and Cruelty calls, including investigations. Any documents that are on desks, in files, on computers or at work stations are considered private, confidential and the property of HBCP.
- Everything contained in HBCP is the property of HBCP. Anything removed from the building without permission could be considered theft.
- No employee or volunteer of HBCP shall make any comments to the media or photograph any animals other than those available for adoption. All inquiries are to be forwarded to the Manager or Owner of the business.

Any violation of the above agreement will result in disciplinary action up to and including termination. Your signature confirms your commitment to HBCP and to adhere to the rules and regulations of the company.

Please sign below to complete your application.

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**Signature**

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**Date**