

Volunteer Application Package

Information & Instructions

Thank you for your interest in volunteering at the Ottawa Humane Society. We greatly value the work of our volunteers and appreciate all they do to help Ottawa's animals. Please note: only applications for available volunteer opportunities will be considered, and only applicants whose skills match the needs of the organization will be contacted for an interview.

If you have any questions, please contact our Manager: Volunteers at **volunteer@ottawahumane.ca** or by telephone at **613-725-3166 ext. 231**.

a) Basic Requirements for Volunteers:

- All volunteers must be at least 18 years of age.
- All volunteers must be able to work safely around animals.
- All volunteers must complete a Criminal Record Check.

b) Application Instructions:

- Complete the personal profile.
- Identify the volunteer position to which you are applying. Only applications for available volunteer opportunities will be considered. For more information about each volunteer program, please access the website at www.ottawahumane.ca.
- Review and sign the volunteer agreement.

c) Next Steps:

- Please return the completed application package to the OHS by email at volunteer@ottawahumane.ca or by fax at 613-725-5674.
- Applicants accepted for a volunteer position must complete a Criminal Records Check before beginning their volunteer duties. The OHS will supply new volunteers with a letter of submission to bring to the police station. There is no fee for the Check, but there is an average processing time of 1-2 weeks. The OHS will accept Criminal Record Checks completed within the last year.
- Successful applicants will be required to attend a volunteer orientation session.

Personal Profile

Name:					
Address:		Pos	Postal Code		
Phone:	Home ()	Work ()	Cell ()		
E-mail:					
For which volunte	eer position are you applying? I	Please see our website for a list	of available opportunities.		
Do you have acces	ss to a vehicle? Yes	No□			
Do you have any laspecies of animals. If yes, please described	s? Yes □ No□	ent you from working safely are	ound all		
Why are you inter	ested in volunteering at the OF	HS?			
Please list your av	ailability for volunteer work (i	.e. specific afternoons, weeken	ds, weeknights etc.):		
Please list your sk	ills or experience that would be	e helpful to the position at the C	DHS.		
Please list any pre	vious volunteer experience.				
•	name and phone number of or	•			
Name:		Phone: ()			
information may l		application or termination of m	at any falsification of the above ny volunteer status. I acknowledge		
Signature:		Date:			
The Ottawa Huma	nne Society does not sell, rent o	s from the Ottawa Humane Soc or trade any donor names. The C contacting the Privacy Officer	OHS Privacy Statement is		

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Volunteer Agreement

I understand that the Ottawa Humane Society ("OHS") is a registered charity with a Mission "To lead Ottawa in building a humane and compassionate community for all animals."

programs.

In order to meet the goals set out in the Mission, the OHS relies on the donated time of volunteers to work in various volunteer

I hereby agree to accept a non-paid volunteer placement to work in a **voluntary** capacity for the OHS in the ______Volunteer Program ("Volunteer Program").

Ottawa Humane Society will:

- provide the volunteer with general OHS Volunteer Orientation
- provide training as applicable to the Volunteer Program in which the Volunteer will be providing services as a volunteer, and as may be required by law
- designate a "Volunteer Program Lead" for each volunteer as the OHS point of contact on all matters. The Volunteer Program Lead will be available for discussions concerning any problems or suggestions
- provide work space (if applicable) as the OHS deems necessary to enable the volunteer to perform his/her donated support services
- provide all volunteers with a copy of the OHS complaints procedure
- provide all volunteers with a copy of such policies and procedures as may be required by law or as the OHS deems necessary for the volunteer to perform his/her donated support services

As a volunteer I:

- □ understand volunteers must be at least 18 years of age
- □ recognize that my services are provided strictly in a voluntary capacity, and without any remuneration or compensation for the services provided as a volunteer. For greater clarity, I acknowledge that I will not receive any salary, employee benefits, including employment insurance programs, worker's compensation or payment of any kind
- □ I acknowledge that I am not an employee of OHS for any purpose whatsoever. Furthermore, in providing services under this Volunteer Agreement, I will not be an "employee" or "worker" in the employ of OHS, as those terms are understood under the *Employment Standards Act*, the *Income Tax Act*, the *Labour Relations Act*, the *Workplace Safety and Insurance Act*, the *Human Rights Code* or any other legislation or regulation applicable to the parties.
- agree not to represent the OHS outside my capacity as a volunteer and to wear my badge identifying myself as a volunteer while on OHS property. I further agree not to access workplaces restricted to OHS staff.

Printe	ted Name	Signature	Date	
author modif	ority to be contrary to law, th	e remaining provisions of this	ion of this Volunteer Agreement is deemed Volunteer Agreement shall be construed apply. My signature below indicates that I	with any
	Agreement or for any reason w		y and all of the obligations outlined in the volunteer services, the OHS, at its sole discreter placement.	
	claims against the Ottawa Hu claims for damage, injury or lo I indemnify and save the OHS	mane Society, its officers, employs of earnings as a result of injury, its officers, employees and ager his contract or a breach thereof of	and assigns, to be deemed to have waived, and over a gents from any and all liability, or accident in connection with volunteering. Into the from any and all liability insured by any of my volunteer work. These obligations we	including Further or all of
		to seek to obtain confidential infor	be obtained, directly or indirectly, concerning rmation from clients or others. These obligations	
	•	when necessary. I consent to the	dress and mobile phone number (if any) to the collection, retention and use of this inform	
	agree to familiarize myself and	comply with the OHS's policies a	and procedures	
	agree to be present for schedule	ed shifts (if applicable) and to carr	y out volunteer duties promptly and reliably	

Printed Name Signature Date

OHS Representative Signature Date

Personal information provided by you may be used pursuant to the OHS Privacy Policy available online at www.ottawahumane.ca or by contacting the privacy officer at 613-725-3166 ext. 246. Information may be used for purposes of follow-up, future OHS communications and solicitations, and statistical analysis.