

Volunteer Application Form

Georgian Triangle Humane Society
549 Tenth Line, Collingwood, Ontario L9Y 0W1
705-445-5204 www.gths.ca

VOLUNTEER APPLICANT'S INFORMATION

Name:			Preferred pronoun:		
Address:					
			Secondary phone:s this is GTHS's primary means of communicating with volunteers.		
(An en Applic	nail address must ations will be ackı	be supplied as thi: nowledged within	s is GTHS's prima: 2 business days –	y means of communicating with volunteers. please check your inbox / junk email folder.)	
Birth date:					
			Relationship to applicant:		
Emergency Con	tact Phone:				
		VOLUN	TEER PREFI	ERENCES	
Which advertise	d vacancy & sh	ift are you appl	ying for*:		
Are you also inte	erested in joinin	g the Foster Te	eam?** Yes□	No□	
				es & more information about our Volunteer Program. ealth status, etc. of animals you are interested in fostering.	
		AVAILAE	BILITY TO VO	DLUNTEER	
MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY	Morning ☐ Morning ☐ Morning ☐	Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon	Evening Evening Evening Evening Evening Evening Evening Evening Evening	SEASONAL AVAILABILITY SPRING SUMMER FALL WINTER	
У				complete the above based on posted requirements. Thank you.	
If apply	ing for a position	on with animal	interaction, pl	OU ARE BRINGING TO THE GTHS ease outline your hands-on experience gs you have recently owned/walked, etc.)	
PLE	If you require	student/comm	nunity hours, p	TURE OF YOUR APPLICATION lease indicate how many hours pletion deadline is:	



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ADDITIONAL INFORMATION

lease feel free to share anything you'd like us to know about you:
AGREEMENT
I understand that I will receive newsletters and other electronic communications from the Georgian Triangle Humane Society (GTHS). I may withdraw my consent at any time using the unsubscribe mechanism provided to me in communications from GTHS. I may also contact GTHS at 549 Tenth Line, Collingwood, Ontario, L9Y 0W1.
I understand that, for health and safety purposes, it is recommended that anyone working in the Animal Centre or fostering animals maintain a current Tetanus vaccination.
y signing below, you acknowledge that the information provided is true and accurate. Upon signing this orm, and provided you maintain active volunteer status, you will be granted an individual annual GTHS nembership. All members are entitled to vote at our AGM 90 days after becoming a member.
ignature: Date:
ignature of Parent/Guardian (if under 18):

Thank you for your interest in volunteering at the GTHS!

Applications will be acknowledged within 2 business days of receipt & further information may be requested.

Please note that successful candidates will be required to undergo an Orientation & to complete an onboarding process. Volunteers will receive documentation / training to support them in their volunteer role(s).