



Email: harvestskyrescue@gmail.com

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P.O. Box 2126  
Hanna, AB T0J 1P0  
**403.854.3700**

www.harvestskyrescue.ca

# Volunteer Application

## Contact Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
 \_\_\_\_\_ Phone (Cell): \_\_\_\_\_  
 \_\_\_\_\_ Age (if under 18): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 May we contact you by email?    **Y**    **N**

Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Please provide 3 references:

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Name: \_\_\_\_\_ Phone (Day): \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

## Questionnaire:

1. Are you a member of the HSAR?    **Y**    **N**

2. When would you be able to volunteer? (check all that apply, NOT a commitment)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							



3. Why are you interested in volunteering for the HSAR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Do you own any pets?    **Y**    **N** If yes, what kind? \_\_\_\_\_
5. Do you have any medical conditions that could be aggravated by exposure to high concentrations of animals?    **Y**    **N**
6. What special skills/training can you offer the HSAR? (ie: animal behaviour training, computer knowledge, first aid/CPR, etc): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. If requested, would you be able to provide an RCMP Criminal Record check?    **Y**    **N**
8. If requested, would you be willing to complete an Alcohol/Drug test?    **Y**    **N**



**RELEASE AND INDEMNITY OF THE  
Harvest Sky Animal Rescue Society  
(Hereinafter known as the “Society”)**

The undersigned, in acting as a volunteer for the Society, hereby releases the Society, its agents, officers, and servants of and from any and all liability, claims, demands, actions and causes of actions, whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by the undersigned or any of the property of the undersigned.

The undersigned further agrees to indemnify and save harmless the Society, its agents, officers, and servants from any liability which may hereafter be brought against the Society by or on behalf of the undersigned for the undersigned’s named infant in respect of any of the foregoing matters hereby released.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild and hereby willingly accepts all such risks.

This Release and Indemnity shall be binding upon the undersigned’s, his/her heirs, executors, administrators they assign.

Dated: \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_  
Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

*The information on this application is strictly confidential and will not be shared with anyone outside the Society unless permission is granted by the applicant.*





## VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of the Harvest Sky Animal Rescue Society ["HSAR"]. This includes all activity associated with the HSAR at its main office and/or any other locations.

All data, materials, knowledge, and information generated through, originating from, or having to do with the HSAR or persons associated with its activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, clients, and staff or public information is confidential and the sole property of the HSAR.

This also includes, but is not limited to, any information of, or relating to, HSAR staff, clients, operations, and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated, and/or electronic form.

Client information, including all file information, is not to be disclosed to any third party, under any circumstances, without the consent of the HSAR Board of Directors.

Any disclosure, misuse, copying, or transmitting of any material, data or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by the HSAR and any applicable laws.

**The volunteer's below signature signifies that they understand and agree to these terms, and will abide by, adhere to and honour all of the above.**

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Applicant Signature

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Date

*The information on this application is strictly confidential and will not be shared with anyone outside the HSAR unless permission is granted by the applicant.*