



GBAS Volunteer Registration Form

457437 8th Concession, Municipality of Meaford
P.O. Box 442, Owen Sound, ON., N4K 5P7
519-372-1911 email: gb-animalshelter@hotmail.com

Name: _____

Address: _____

Phone #: _____

Parent Name(s): _____

Home Phone: _____

Work Phone: _____

Emergency Contact #: _____

Health Card#: _____

Special Needs Organization: _____

Caregiver Name: _____

Caregiver Phone #: _____

Alternate contact name: _____

Home Phone: _____

Work Phone: _____

Days & Hours Available _____

GBAS welcomes special needs volunteers and their caregivers between 9-11 am.

Please disclose below any disability, special needs, chronic illness, medications, allergies, physical or emotional limitations.

Please also disclose any special educational program volunteer is enrolled in at school/home/community.

Grey Bruce Animal Shelter WAIVER

The undersigned agrees that he/she will not hold the Grey Bruce Animal Shelter and its owners, staff, board of directors or members responsible for any injury, disability or accident to self or their children/wards while on the property or premises, or during use of the Grey Bruce Animal Shelter vehicles. The undersigned acknowledges that they/above minor are responsible for their conduct and activities while on the Grey Bruce Animal Shelter premises and use of its vehicles, and that they are subject to all rules, regulations and requests by the owners, managers, and staff members. The undersigned further acknowledges that animal management and handling and any related activity can be dangerous and that injury, disability or death may occur as a result of this activity.

DATED This _____ Day of _____, 20_____

Signature: _____

A parent or legal guardian must sign for any student/participant under 19 years of age Or special needs Volunteer