



# GBAS Volunteer Registration Form

P.O. Box 442, Owen Sound, ON., N4K 5P7

519-372-1911 email: gb-animalshelter@hotmail.com

457437 8th Concession,  
Municipality of Meaford

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 and 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



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## PROTECTION OF CONFIDENTIAL INFORMATION

I, \_\_\_\_\_, am aware of the confidential nature of information concerning animals, staff and volunteer members, donors and other types of Grey Bruce Animal Shelter information. Whether or not such confidential information may be available to me in the normal course of my duties, or occasionally or inadvertently, the confidentiality will be respected by me.

I will exercise all reasonable care and caution in protecting written, verbal or printed confidential information from casual observation, unauthorized perusal or other abuse.

I also understand confidential information which shall be disclosed to me and may become my knowledge may not be divulged inside or outside the Grey Bruce Animal Shelter unless required in the performance of my normal duties.

I understand the Grey Bruce Animal Shelter's policy prohibits the temporary or permanent removal of confidential records from the premises of the Grey Bruce Animal Shelter.

I understand that non-compliance with any of the above may result in the termination of my volunteer services and cancellation of my membership with the Grey Bruce Animal Shelter.

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date