Fundraising Volunteer Application Form

A Little More About Getting Involved

Volunteers who have been active for at least six months prior to the Annual General Meeting in June are eligible to participate in discussions and vote on key decisions. While anyone is welcome to attend, voting privileges are reserved for active volunteers who meet the six-month requirement.Active volunteers may also have the opportunity to become a member of the Board of Directors and take a more active role in helping guide and support the Gananoque & District Humane Society.

GDHS is a volunteer run, no kill cat shelter that takes in abandoned or surrendered cats. We do not receive guaranteed funding and rely on the generosity of our community. Verison 1: APRIL 2026

Thank you for your interest in volunteering with the Gananoque & District Humane Society!

* Required

1. **Your Full name:** *

2. Full mailing address:
   Address, City, Province, and Postal Code *

3. **Cellphone number** *

4. **Email** *

5. **Best way to contact you:** *

- ◯ Call
- ◯ Text
- ◯ Email

6. **Are you 18 years or older?** *

- ◯ Yes
- ◯ No

7. **If you answered "No" above, please provide your date of birth:**

8. **What days you're available to volunteer?** *

- ◯ Sunday
- ◯ Monday
- ◯ Tuesday
- ◯ Wednesday
- ◯ Thursday
- ◯ Friday
- ◯ Saturday

9. **Purpose for volunteering:** *

- ◯ Personal interest
- ◯ School volunteer hours *Students under 16 must be accompanied by a parent/guardian.*

10. If completing for school, please provide:
Name of school:

11. When are your school service hours due?

12. Emergency Contact Information
Full Name / Relationship: *

13. **Cellphone number:** *

14. **Alterative number:**

15. Please select the volunteer area(s) that interest you:

- [ ] **Bottle Recycling:** Must have your own vehicle. Sort and contain donated bottles and cans from the bottle donation shed, load them into your vehicle and take them to the bottle return depot for cash redemption. Deliver cash envelope and receipt to shelter. **Training:** 1 briefing. **Time commitment:** one day a week (about 2 hour)
- [ ] **Bingo Floor Associate:** Attend a scheduled bingo game at Play! Gaming and Entertainment in Kingston, following their instructions to ensure a successful bingo experience for their clientele. Must be able to stand/walk for two hours. Must have your own transportation. **Training:** on-site. **Time commitment:** one session (approx. 2 hrs.) monthly.

16. **Fundraising Event Associate**
Please select the volunteer area(s) that interest you:

- [ ] Pre-event organization
- [ ] Event set-up & take-down
- [ ] Putting up posters
- [ ] Food/kitchen help at events
- [ ] Bartending (must have SmartServe)
- [ ] Transporting goods to/from events
- [ ] Managing bake/craft sale tables
- [ ] Managing silent auction tables
- [ ] General help during events
- [ ] Christmas / Holiday Committee

17. Are there any physical limitations or accommodations we should be aware of to help ensure you can volunteer safely?

18. **VOLUNTEER: WAIVER OF LIABILITY FOR VOLUNTEERS OF THE GANANOQUE DISTRICT & HUMANE SOCIETY**

The undersigned acknowledges that he or she will be performing certain volunteer services for the Gananoque & District Humane Society (GDHS). The undersigned further acknowledges that certain risks may be associated with such volunteer services. In consideration of being permitted to perform suchvolunteer services for GDHS, the undersigned voluntarily and knowingly executes this waver with the express intention of waiving any and all rights and causes of action involving, without limitation, bodily injury, infection or property damage to the undersigned while the undersigned is engaged directly orindirectly in such volunteer services whether caused by the negligence of GDHS or its officers, directors, agents, employees. Further the undersigned shall indemnify, defend and hold harmless GDHS and its officers, directors, agents, employees, jointly or individually, for bodily injury or property damage as aresult of the undersigned's services contemplated herein.

The information provided above will be kept confidential and used only to help ensure your safety and to provide appropriate support or accommodations during your volunteer activities.

Volunteer: Disclaimer and Signature
By signing below, I confirm that the information provided is accurate to the best of my knowledge. *

- ◯ I agree
- ◯ I disagree

19. **Volunteer: Consent & Authorization:** Electronic Signature (Type your full legal name) *

20. Date signed *

21. **PARENT/GUADRIAN: WAIVER OF LIABILITY FOR VOLUNTEERS OF THE GANANOQUE DISTRICT & HUMANE SOCIETY**

The undersigned acknowledges that he or she will be performing certain volunteer services for the Gananoque & District Humane Society (GDHS). The undersigned further acknowledges that certain risks may be associated with such volunteer services. In consideration of being permitted to perform suchvolunteer services for GDHS, the undersigned voluntarily and knowingly executes this waver with the express intention of waiving any and all rights and causes of action involving, without limitation, bodily injury, infection or property damage to the undersigned while the undersigned is engaged directly orindirectly in such volunteer services whether caused by the negligence of GDHS or its officers, directors, agents, employees. Further the undersigned shall indemnify, defend and hold harmless GDHS and its officers, directors, agents, employees, jointly or individually, for bodily injury or property damage as aresult of the undersigned's services contemplated herein.

The information provided above will be kept confidential and used only to help ensure your safety and to provide appropriate support or accommodations during your volunteer activities.

Parent/Guardian: Disclaimer and Signature
By signing below, I confirm that the information provided is accurate to the best of my knowledge. *

- ◯ I agree
- ◯ I disagree

22. A parent's or guardian's signature is required if the volunteer is under 18 years old.
Signature of Parent/Guardian: Consent & Authorization: Electronic Signature (Type your full legal name) *

23. Date signed *

24. **(Office Use Only)**
Date application received:

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