

ANIMAL SHELTER VOLUNTEER APPLICATION

LOCATION: New England Regional Companion Animals Shelter, 29 Saumarez Rd, Armidale.

PLEASE READ ALL SECTIONS, COMPLETE, SIGN AND BRING WITH YOU TO THE SHELTER VOLUNTEER INFORMATION NIGHT OR POST TO ARMIDALE DUMARESQ COUNCIL PO BOX 75A, ARMIDALE NSW 2350.

All information is strictly confidential and in accordance with NSW Privacy Laws. Armidale Regional Councils Privacy Policy can be viewed at www.armidale.nsw.gov.au

Mr/Mrs/Ms/Miss: _____
(Full Name)

Date of Birth: ____/____/____ Age: _____ (minimum age is 18)

Address: _____

Suburb & Postcode: _____

Telephone (H) _____ (Wk) _____

Mobile: _____ Email: _____

ARE YOU A CURRENT ADC VOLUNTEER i.e. Kent House

YES **NO** **WHERE?**

WHAT TYPE OF ACTIVITIES INTREST YOU? (Please tick your preferences)

Working with Dogs

Working with Cats

Events and Projects

Pets as Therapy

Other: _____

TIMES AVAILABLE FOR VOLUNTEER WORK (Circle)

Monday AM / PM

Tuesday AM / PM

Wednesday AM / PM

Thursday AM / PM

Friday AM / PM

EMERGENCY CONTACT DETAILS:

Name: _____

Relationship: _____

Ph:(1st) _____

HEALTH ISSUES: Do you suffer from any Allergies?

Yes (*Provide details*)

No

Do you have any medical conditions which may be impacted by volunteering at the Shelter?

Yes (*provide details*)

No

Are you taking any medication?

Yes (*Please provide details*)

No

When was your last tetanus vaccination? (*Approx. date*) _____/_____/_____

Application for an Animal Shelter Volunteer

- Please remember that you must attend a Council operated WH&S Information Session before you can assist at Council's Animal Shelter and you must be over 18 years old
- I authorise Armidale Regional Council staff to seek emergency medical treatment for me in case of accident, injury or illness.
- I agree to abide by all relevant Council Policies and Procedures and relevant directions from the volunteer coordinator during my period as a volunteer.
- I understand that my assistance may be terminated at any time at the discretion of the volunteer coordinator for any unethical, illegal or disruptive behaviour on my part.

Applicant Signature: _____ **Date:** _____/_____/_____

APPLICATION HAS BEEN APPROVED Date: _____/_____/_____

Authorised by (*name*)

Signature

Insurance and Liability

Council's Insurance officer should be contacted for full details of Policy conditions.

Armidale Regional Council holds personal accident and public liability policies that cover the activities of volunteers working on approved Animal Shelter Projects under the guidance of Group Members or Trained Volunteers.

Public Liability and Liability Insurance

For Council to be held liable for injury to others or damage to their property, negligence on the part of Council must be proven. Council is liable in relation to the negligent acts or omissions by formally appointed volunteers involved in approved projects, except in cases of criminal negligence, e.g; whilst under the influence of alcohol or drugs.

Definitive answers to questions of liability cannot be given because of the complex legal principles which need to be considered in each case, however, it can be assumed that we all owe some duty of care to each and every person in the community.

Stated simply, this duty of care is:

"Each of us has a duty to ensure that the inappropriate action or inaction which we may take does not have the potential to cause reasonably foreseeable harm to others".

Please Note: It is important that Council's Insurance officer be immediately advised of any incident that occurs that may give rise to a claim against the Council. Failure to notify may adversely affect Council's insurance cover.