



Volunteer Form

Must be 16 or older

In consideration of being permitted to participate as a volunteer in a program organized or authorized by Alberta Animal Services ("Volunteer Program"), I, the undersigned, agree to assume all risk of loss or injury, including death or damage to my property, while on the property of Alberta Animal Services or elsewhere participating in the Volunteer Program. I hereby waive on behalf of myself and my personal representatives and dependents any right of action I have or may in the future have against Alberta Animal Services, its successors, assigns, directors, staff, agents or volunteers (Collectively "Alberta Animal Services") for any such loss or injury, whether caused by negligence or default of Alberta Animal Services, and whether individuals were acting within the scope of their employment or not.

I acknowledge that the true history and nature of the animals under the care of Alberta Animal Services is not known and that they can be unpredictable and therefore potentially dangerous. I also acknowledge that Alberta Animal Services strongly recommends I keep current with my tetanus immunization, and to consult my physician about this and any other concerns related to working with animals. If I have reason to suspect I am pregnant, I acknowledge that Alberta Animal Services recommends I ask my physician about with cats.

I agree to comply with all the policies and procedures which have been or may be established by Alberta Animal Services and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that as an Alberta Animal Services Volunteer, I am still subject to the Adoptions Policy and Procedures for adoption any animal from Alberta Animal Services.

By my signature I acknowledge that I am of full age of consent and that I have read this release and signed it voluntarily.

Dated At _____, Alberta, this ____ day of _____, 2____

Signature of Volunteer (or parent or Guardian for all minors)

Print Name of Signatory

Print name of Volunteer (if different from Signatory)

Address _____ **City** _____ **Province** _____



Volunteer Form

Must be 16 or older

Postal Code _____ Home Phone _____ Work Phone _____

Conflict of Interest and Confidentiality Guidelines for Volunteers of Alberta Animal Services

The high level of public support and respect that Alberta Animal Services enjoys results from the high degree of integrity, objectivity, and professionalism of Alberta Animal Services employees and volunteers alike.

As an Alberta Animal Services Volunteer, you may have access to information not available to the general public. Alberta Animal Services information is to be used only for specific Alberta Animal Services purposes. You must also ensure that your interest does not conflict with that of Alberta Animal Services.

The following outlines the obligations of each volunteer with respect to confidentiality and conflict of interest with Alberta Animal Services.

Confidentiality:

- Volunteers shall not disclose, discuss, use, take advantage of, or benefit from information that is obtained in the course of their Alberta Animal Services duties and that is not generally available to the public. (example animal euthanasia's)
- Volunteers shall not assist private entities or persons in their dealings with Alberta Animal Services where this could result in preferential treatment to any person.
- Volunteers shall not directly or indirectly use, or allow the use of, Alberta Animal Services property for anything other than their volunteer activities.

Conflict of Interest:

- Volunteer's personal interests must not conflict with the interests of Alberta Animal Services or harm public support and/or the respect necessary for the operation of Alberta Animal Services.
- Volunteers must not commit Alberta Animal Services to any expenditure or other liability without prior approval of their Alberta Animal Services Supervisor.



Volunteer Form

Must be 16 or older

Volunteers who fail to comply with the above-mentioned guidelines are subject to such appropriate measure as may be determined by Alberta Animal Services, including, where applicable, termination of their responsibilities as a volunteer.

I HAVE READ AND AGREE TO ABIDE BY THE GUIDELINES AS STATED ABOVE. I UNDERSTAND THAT THE GUIDELINES REGARDING CONFIDENTIALITY REMAIN IN EFFECT EVEN UPON TERMINATION OF MY VOLUNTEER DUTIES WITH ALBERTA ANIMAL SERVICES.

Volunteer Name (Print)

Witness Name (Print)

Volunteer Signature

Witness Signature

Date _____

Date _____