

*"We Speak For Those Who Cannot Speak For Themselves"*

160 4<sup>TH</sup> Avenue  
St. Catharines, Ontario  
L2S 0B6  
(905) 682-0767



Founded  
March 9, 1927  
www.lchs.ca  
Fax: (905) 682-8133

Thank-you for your interest in our Dog Socialization Volunteer Program!  
Your time is valuable, we appreciate that you are considering the animals and LCHS.

The following information will help you decide if this program is a good fit for you!

### Program Commitments

All volunteers...

- ❖ Must be a minimum of **21 years** of age;
- ❖ Commit to at least 1 weekly shift for a minimum of 6 months;
- ❖ Must feel physically capable of handling large and high energy dogs;
- ❖ Need to be comfortable working with a variety of dog breeds;
- ❖ Have internet and e-mail address for continued communications;
- ❖ Must attend hands-on training and successfully complete handling assessment;
- ❖ We would love you to commit to volunteer at 1 of our annual fundraising events.

### **Applicant Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & PC: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_

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*If you have a medical condition protocol please provide it to the coordinator upon orientation*

### **Emergency Contact**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

❖ Which volunteer shifts fit your schedule? Please place an 'X' in the correct box.

Shift	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>'Morning'</b> 8:30 to 10:30							
<b>'Afternoon'</b> 1 to 3							
<b>'Evening'</b> 6 to 8							

❖ On a scale of 1 to 10, 10 being the best, please rate yourself on these abilities/traits:

Attentive \_\_\_\_\_ Attention to Detail \_\_\_\_\_ Judgment \_\_\_\_\_ Punctuality \_\_\_\_\_

Multi-tasking \_\_\_\_\_ Personable \_\_\_\_\_ Follows Instruction \_\_\_\_\_ Outgoing \_\_\_\_\_

❖ Please share your experience in behaviour training for dogs (owning or caring for):

❖ Are you acquainted with any staff or volunteers of the LCHS? If yes, who?

❖ Please list any other animal-related groups or organizations you are affiliated with:

❖ In your own words, please share why you are interested in this volunteer program:

*By signing below, applicants acknowledge that the above information is correct, and that volunteering for the LCHS is conducted at their own risk, including but not limited to injury, or transmission of viruses/infectious disease to themselves or their pets.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_