



**PETSMART VOLUNTEER
PROGRAM
APPLICATION**



PETSMART VOLUNTEER APPLICATION

In order to apply for the Animal Services PetSmart Volunteer Program, all applicants must adhere to the following guidelines:

- Must be 16 years of age or older. (If younger must be accompanied by an adult)
- Minimal commitment of one month (shifts must be at least 2 hours)
- Must be able to get to and from Pickering PetSmart Location (1899 Brock Rd)
- Attend a mandatory training/orientation before commencement of any volunteer placement.

Volunteers at our PetSmart location will be responsible for feeding, cleaning and socializing our cats while at our satellite adoption facility.

Please Print:

Personal Information

Name _____ Date _____
Home Address _____
City _____ Province _____ Postal Code _____
Daytime Phone _____ Evening Phone _____
Email _____
Are you 16 or older? Y N

A Few Questions

How did you hear about our volunteer opportunities?

Please tell us why you would like to volunteer with Animal Services



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What type of volunteer work interests you?

- Cat Cuddling
 Small Animal
 Dog Walking
 Animal Fostering
 Pet Grooming
 Special Events
 Animal Care
 Satellite Facilities

Please tell us about your animal-related background (education, work experience, etc.)

Please list any special skills/hobbies you have that would be considered an asset with respect to working with animals:

Do you currently have any pets? If yes, please tell us about them.

Name _____ Breed _____ Age _____ Spay/Neuter? _____
 Name _____ Breed _____ Age _____ Spay/Neuter? _____

Availability

Please note days, and times when you are available to volunteer. Check all that apply.

Satellite Adoption Facility Hours will vary depending on the chosen facility

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------|--------|---------|-----------|----------|--------|----------|
| Morning | | | | | | |
| Afternoon | | | | | | |
| Evening | | | | | | |



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Community Service Requirement

IF THIS IS A COMMUNITY SERVICE REQUIREMENT, PLEASE COMPLETE THIS SECTION

Agency/School _____

Address _____ City _____

Name of contact person _____ Phone _____

Hours required to complete service _____ Will you receive credit? Y N

Anything Else You'd Like Us to Know?

Signature of Applicant _____ Date _____

Signature of Parent or Guardian (if under 18) _____ Date _____

Personal information of this form is collected under the authority of the *Municipal Act, 2001* and is used to determine eligibility to participate in the City's Animal Services Volunteer and/or Foster Programs. Questions about this collection should be directed to the Supervisor, Animal Services, One The Esplanade, Pickering, Ontario, L1V 6K7, 905.420.4611.

****Completed Volunteer Application Forms can be dropped off at:**
Pickering Civic Complex
2nd Floor Clerks Department
One the Esplanade
Pickering, ON
L1V 6K7

Thank you for considering a volunteer opportunity with Pickering Animal Services.

| | |
|--|------------------------|
| INTERNAL USE ONLY | Date Received _____ |
| Received By _____ | Reviewed By _____ |
| Approved Y <input type="checkbox"/> N <input type="checkbox"/> | Orientation Date _____ |
| Completed By _____ | |
| Reason _____ | |
| Notes _____ | |
| | |