



**GREYHOUND PETS OF ATLANTIC CANADA (*GPAC*)**

**CONSENT FORM**

All volunteers must acknowledge and accept, by signature, the following:

I, \_\_\_\_\_, am applying to volunteer with Greyhound Pets of Atlantic Canada (*GPAC*). As my veterinarian requires this written consent to release any personal and confidential information that *GPAC* and its representatives may require, I hereby authorize my veterinarian and any staff members to release information concerning me, my animals and their health and history to the representatives of *GPAC*. I understand that this information will be used as a part the volunteer application process and for no other purpose.

Date: \_\_\_\_\_

Applicant (Print Name): \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

Date: \_\_\_\_\_

*GPAC* Representative: \_\_\_\_\_



**GREYHOUND PETS OF ATLANTIC CANADA (GPAC)**

**VOLUNTEER WAIVER**

All volunteers must acknowledge and accept, by signature, the following:

I, the undersigned, hereby accept full responsibility of any risk or injury to either myself or my property while I volunteer with **GPAC** (at any kennel site or at any **GPAC** event). I, or my personal representatives and dependents, agree to waive any right of action I may have had or may have in the future against **GPAC** and any person or persons acting on behalf of the organization.

I further acknowledge and agree that **GPAC** does not train the animals and that they can be, at times, unpredictable and dangerous. I also acknowledge and agree that **GPAC** strongly recommends that I keep current with my tetanus immunization, and try to consult my physician about this and any other concerns I may have related to working with animals. If I have any reason to suspect that I am pregnant, **GPAC** recommends that I ask my doctor about health concerns while volunteering with **GPAC**.

I hereby acknowledge, understand and agree that in the course of carrying out my duties while volunteering with **GPAC**, I may be dealing with information contained in files and records that is confidential. I agree to hold such information confidential, and, except as I may be legally required, I will not disclose or release such information to any person.

By my signature below, I acknowledge that I am 16 years of age or older, and that I have read this release and have voluntarily signed it.

**DATED** at \_\_\_\_\_, Nova Scotia, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Applicant (Print Name): \_\_\_\_\_

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

Applicant Phone #: \_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

***Witness as to signature:***

**GPAC Representative:** \_\_\_\_\_











**GREYHOUND PETS OF ATLANTIC CANADA (GPAC)**

**CONFIDENTIALITY AGREEMENT**

All volunteers must acknowledge and accept, by signature, the following:

As a volunteer of *GPAC* I will endeavor to:

-  Represent the interest of all animals and people served by *GPAC* and I will not favor any special interests inside or outside the organization;
-  Focus my work on the mission of *GPAC* and not on my personal goals;
-  Declare any conflict of interest that I might have in any application, investigation or concerns relating to *GPAC* and remove myself from any involvement;
-  Keep all information confidential including any calls or documents received by *GPAC* - all documents that are on desks, in files or on computer are considered private, confidential and the property of *GPAC*.
-  If I am entrusted with keys to any kennel, the keys are my personal responsibility and are not permitted to be given to any persons. When leaving the building it is my responsibility to ensure that all doors are locked and the security system is armed.
-  Only approved volunteers are permitted to enter the kennels after hours. No guests are permitted to enter the kennels after hours for any reason at any time.
-  Everything contained in the kennels and at any *GPAC* event is the property of *GPAC*. Anything removed from the kennels or an event without permission could be considered theft.
-  No volunteer of *GPAC* shall make any comments to the media or photograph any animals other than those available for adoption. All inquiries are to be forwarded to the appropriate person on the *GPAC* Board of Directors.

**Any violation of the above agreement will result in disciplinary action up to and including termination. Your signature confirms your understanding, acknowledgment and commitment to *GPAC* and to adhere to the rules and regulations of the organization.**

DATED at \_\_\_\_\_, Nova Scotia, this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Applicant (Print Name): \_\_\_\_\_

Applicant (Signature): \_\_\_\_\_

*Witness as to signature:*

*GPAC* Representative: \_\_\_\_\_