

Type of Volunteer _____
 Date started _____
 Date ended _____
 Shift _____

Forgotten Felines Volunteer Application

Forgotten Felines is run entirely by volunteers and has no paid staff. The help of volunteers is vital to keep the shelter operating 24/7. All volunteers donate their time to help homeless kitties.

Name: _____

Address: Street _____ City _____ Zip _____

Phone numbers: Home _____ Work _____

email address: _____ Cell _____

Are you 16 or older? _____ (No one under 16 years of age may volunteer at the shelter without an adult) Date of Birth: _____

Occupation: _____ Employer: _____

How are you interested in helping Forgotten Felines?

- Working a regular shelter shift, caring for the cats and cleaning
- Socializing with shy cats at the shelter
- Fundraising (organizing events –requires monthly meetings)
- Helping at special events (helping at booths, selling raffle tickets, tee shirts, etc.)
- Foster care to cats or kittens in your home
- Baking for fundraisers
- Carpentry, Electrical, Plumbing
- Appliance repair
- Running food drives or asking for donations of other items the shelter needs
- Hanging up posters
- Stuffing and labeling envelopes, newsletters
- Driving cats to and from vet appointments
- Trapping/rescue

Other _____

If you would like to work at the **shelter**, we ask that you commit to the same day each week for at least two hours on a regular basis. Morning shifts run from about 9-11AM and evening shifts from 4-6PM, but may vary. Please mark the day and time slots available in the chart below:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Evening							

Do you have previous volunteer experience? _____

Have you ever volunteered for an animal organization before? _____

Do you have previous experience with animals? _____

Forgotten Felines Volunteer Application Page 2

Do you have any formal training in pet care or animal welfare? _____

How did you learn about Forgotten Felines? _____

Are you acquainted with a Forgotten Felines volunteer? _____

Why do you want to volunteer for Forgotten Felines? _____

Do you have pets? _____ What kind? _____ How many? _____

Are they spayed or neutered? _____

What are your personal interests, special skills or hobbies? _____

Do you have any allergies or physical conditions that might affect your volunteer work? _____

Please list two references:

Name of Reference #1 _____ Relationship _____

Address: Street _____ City _____ Zip _____

Phone number: Home _____ Work _____

In an emergency, please contact: Name _____ Relationship _____

Address: Street _____ City _____ Zip _____

Phone number: am _____ pm _____

I understand that I will be working with cats and kittens who may be shy or frightened of people because they have been abandoned, abused or born in the wild. I understand that when I volunteer at the shelter, I run the risk of being scratched or even bitten. Upon signing this form, I waive all rights to claims or legal action against Forgotten Felines Inc, its Board of Directors and the property owner.

Signature: _____ Date: _____

If you are under 18 years of age, a parent or guardian must indicate their consent by signing below:

Signature: _____ Date: _____