



Volunteer Application

PLEASE PRINT AS CLEARLY AS POSSIBLE

Name	
Address	
City & Postal Code	
Home Phone	
Cell / Work	
E-Mail Address	
PLEASE CIRCLE	Usual Mode of Transportation: vehicle / bus / other person

AVAILABILITY: During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

INTERESTS: Tell us in which areas you are interested in volunteering.

- | | |
|---|---|
| <input type="checkbox"/> Administration &/or Accounting | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Website management | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Newsletter production &/or Reporter | <input type="checkbox"/> Phoning for events |
| <input type="checkbox"/> Field work (colony care &/or trapping) | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Adoption Centers: Petsmart / Shelter | <input type="checkbox"/> Coordinating events/Volunteers |
| <input type="checkbox"/> Transport cats &/or items i.e. garage sale | <input type="checkbox"/> OTHER: _____ |

Any Special Talents or Skills You Want to Share to Benefit the Cats?

i.e. occupation or hobby

Previous Volunteer Experience

Summarize your previous volunteer experience.

Summarize your previous experience with animals.

Person to Notify in Case of Emergency

Name	
Relationship to you	
Home Phone	
Cell / Work	
E-Mail Address	

Our Policy

It is the policy of this organization to provide equal opportunities to any or all who apply to volunteer and to provide a comfortable and friendly environment for people as well as cats. Thank you for completing this application form and for your interest in volunteering with us.

Agreement and Signature

By signing this application, I agree

- To follow the policies and procedures of the organization
- To treat all other volunteers and staff of the organization with respect
- To comply with the laws contained in the Canadian Privacy Act, and
- Not to knowingly give false information at any time.

I understand that if, at any time, in the opinion of the officers of the organization my behavior and/or my failure to follow policies and procedures jeopardize the well being of the organization, I may be dismissed from my volunteer work with this organization.

Name (printed)	
Signature	
Date	