Volunteer Type _____ Training Date _____
Start Date _____ Trainer _____
Shift Day & Time _____ End Date _____
Shift Leader _____

Forgotten Felines Volunteer Application

Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____
Cell Phone _____ Email _____
Are you 18 or Older? _____
Occupation _____ Employer _____
Work Hours _____

How are you interested in helping Forgotten Felines?

____ Working a weekly shelter shift
____ Socializing
____ Fostering cats and/or kittens
____ Rescuing/trapping
____ Fundraising
____ Transporting cats to the vet
____ Helping with special events (adoption days, raffle ticket sales, etc.)
____ Baking for special events
____ Building maintenance/repairs (specify your skills) _____
____ Conducting food/donation drives
____ Hanging posters

If you would like to work at the shelter, we ask that you commit to 2 hours on the same day each week. Morning shifts typically run from 9:00-11:00 am and evening shifts from 5:00-7:00 pm, but there is some flexibility. Please indicate the days and times you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Evening							

How did you hear about Forgotten Felines? _____

Why do you want to volunteer for Forgotten Felines? _____
_____

Do you have previous volunteer experience with animals? _____
If so, please describe. _____
_____

How many pets do you have? _____ What kind? _____
Veterinarian _____ Phone _____
May we contact him or her? _____

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

Do you have any allergies or conditions that might affect your volunteer work? _____
If so, please explain. _____

Please list two references we may contact.

Name _____ Relationship _____
Address _____ City_____ Zip _____
Phone _____

Name _____ Relationship _____
Address _____ City_____ Zip _____
Phone _____

Who should we contact in the event of an emergency?

Name _____ Relationship _____
Address _____ City_____ Zip _____
Phone _____

I understand that I will be working with cats that may be afraid of people because they have been abandoned, abused or born in the wild, and that I run the risk of being scratched or bitten. By signing this form, I waive all rights to claims or legal action against Forgotten Felines and its Board of Directors, and agree to abide by all established policies and procedures.

Signature _____ Date _____

Revised 1.10.14