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 nun	nbers: Home			Work					
email address: Cell									
		(No			ge may volur	nteer at the s	helter without	an	
Occupation	on: 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									
		gular basis. I lease mark th					ng shifts from	ι 4-	
	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.		
Morning									
Evening									
Do you ha	ve previous	volunteer exp	perience? _						
Have you	ever volunte	ered for an ar	nimal organi	zation before	e?				
Do you ha	ve previous	experience w	ith animals?						

## **Forgotten Felines Volunteer Application Page 2**

Do you have any formal training in pet care o	r 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 l	Felines?			
Do you have pets? What kind?		How many?		
Are they spayed or neutered?				
What are your personal interests, special skill	s or hobbies?			
Please list two references:				
Name of Reference #1	Rela	ationship		
Address: Street				
Phone number: Home				
In an emergency, please contact: Name		Relationship		
Address: Street	City	Zip		
Phone number: am	pm			
I understand that I will be working with cats a because they have been abandoned, abused on the shelter, I run the risk of being scratched or claims or legal action against Forgotten Feline	r born in the wild. r even bitten. Upo	I understand that when I volunteer at on signing this form, I waive all rights to		
Signature:	Date:			
If you are under 18 years of age, a parent or g	guardian must indi	cate their consent by signing below:		
Signatura	Date			