



## OPERATION HOOD VOLUNTEER APPLICATION

P.O. Box 2392, WOODBRIDGE, VA 22195

EMAIL: [ACATSFRIENDINC@GMAIL.COM](mailto:ACATSFRIENDINC@GMAIL.COM) / PHONE: 540-842-6302

**DIRECTIONS: Please complete the application and scan and email it to [acatsfriendinc@gmail.com](mailto:acatsfriendinc@gmail.com).**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Best time to contact you: \_\_\_\_\_ Best Contact Method: \_\_\_\_\_

I am interested in learning more about:

- |   |   |
|---|---|
| <input type="checkbox"/> Adoption events                  | <input type="checkbox"/> Fund-raising                   |
| <input type="checkbox"/> Grant writing                    | <input type="checkbox"/> Soliciting corporate donations |
| <input type="checkbox"/> Newsletter writing               | <input type="checkbox"/> TNR (Trap/Neuter/Return)       |
| <input type="checkbox"/> Fostering & socialization        | <input type="checkbox"/> Feeding Colony Cats            |
| <input type="checkbox"/> PetFinder cat description writer | <input type="checkbox"/> Loving Touch Cat Care          |
| <input type="checkbox"/> Social Media                     | <input type="checkbox"/> Petco Cat Cage Care (Future)   |
| <input type="checkbox"/> Public relations and marketing   | <input type="checkbox"/> Bookkeeping                    |
| <input type="checkbox"/> Other (please specify): _____    |   |

Please check the boxes below for the typical days and times you can volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am	<input type="checkbox"/> am
<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm	<input type="checkbox"/> pm

Is there anything else you would like to tell us about yourself or ask us about volunteering? Also, please describe any times you are unavailable within the days and times you checked above.

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I am over 18 years old. Volunteers under the age of 18 must have a parent or guardian also sign this application.

I understand that as a volunteer I will be representing A Cat's Friend Inc. I will conduct myself in a professional manner. The work I do is to rescue animals, provide a healthy environment and ensure that they find safe and loving homes. All of the time and effort I put forth is on a strictly volunteer basis and the reward I will receive is the joy for taking part in saving the lives of the animals in our care. I will not receive any monetary compensation.

I understand that animal behavior may be unpredictable and that working with cats involves the risk of harm or injury (bites, scratches, getting knocked down, etc.). I willingly accept these risks and agree to exercise care and caution when working with or near cats and that I will promptly report any injuries received to Vicki Jaeger, A Cat's Friend Inc.'s president, identifying the specific animal involved. I further understand and agree that I am responsible for any medical care that I may require and I agree to indemnify and hold harmless A Cat's Friend Inc. and its volunteers for any injuries I might receive while volunteering.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

A Cat's Friend Representative: \_\_\_\_\_ Date: \_\_\_\_\_