



*Cageless, No-Kill Cat  
Shelter Since 1977*

### VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Applicants Date of Birth: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

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

E-MAIL: \_\_\_\_\_

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

Why do you want to volunteer at Felines Inc.? \_\_\_\_\_

\_\_\_\_\_

What days are you available to volunteer? \_\_\_\_\_

What times are best for you to volunteer? \_\_\_\_\_

How did you hear about Felines Inc.? \_\_\_\_\_

Do you have any pets? \_\_\_\_\_ If so, how many cats, dogs or other? \_\_\_\_\_

Do you have any volunteer experience? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you have experience working with cats? \_\_\_\_\_

Please list two references (non-family)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Signature: \_\_\_\_\_

*Mark the volunteer opportunities you are interested in:*

Socializing/TLC (ongoing) \_\_\_\_\_ Special Event Assistance (monthly or bi-monthly) \_\_\_\_\_

Info Tabling at Stores (monthly) \_\_\_\_\_ Fundraising/Development (ongoing) \_\_\_\_\_

Special Projects –such as painting, spring cleaning etc (monthly or bi-monthly) \_\_\_\_\_

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For Office Use Only:

Interviewed By: \_\_\_\_\_ Start Date: \_\_\_\_\_ Orientation Book: Y \_\_\_\_\_ N \_\_\_\_\_

Notes: