

Volunteer Application

If your writing is hard to read, please print or complete the online application.

Date:				
Name:				
Street Address:				
City/State/Zip:				
Home Phone:				
Cell Phone:				
Email:	Home			_Wk/School
Emergency contact (name/phone):	Na	me		Phone
Driver's License Number/Expiration/State:		E	xp. Dt	
Date of Birth:MonthDay	/Year			
Please note that you must be over 18 to vo	olunteer due to d	our insurance r	equirement	s.
Please tell us about yourself and your backgr Casa Cat Refuge.	ound, including w	hy you would lik	ce to voluntee	er with Catnip
What experience do you have with cats?				
What experience do you have with feral (or co	ommunity) cats?			
Do you have cats and/or dogs of your own?				
Are your cats spayed and neutered?	YesNo	Declawed?	Yes	No
Catnip Casa Cat Refuge Volunteer hours are Thursday. Special projects may vary. Volunteer				

only one or two people. We work with you, and we understand that life happens. Likewise, we occasionally have schedule changes and must ask you to adjust or miss a day due to our availability. Volunteer Day(s) you prefer – We gladly accommodate students and varied schedules. Afternoons only. Tuesday Wednesday Thursday (Please, circle or underline your choices.) Special Interests or Areas of Experience (Check all that apply and feel free to add a note if you wish.) ___ Fundraising Administrative Assistant **Public Relations** ___ Construction/Repairs ___ Landscaping ___ Social Media ___ Research Daily Cat Care/Maintenance/Socialization Other (please explain) _____ We do not discriminate on the basis of sex, age, race, handicap, or sexual orientation. Some jobs and projects require specific physical abilities or should not be done by certain individuals (scooping cat litter while pregnant is one example). Because the cats live in private homes, not all homes and/or areas are ADA accessible. We are always happy to attempt to provide reasonable accommodation. Specific volunteer position requirements will be explained in detail during a brief orientation. It is your responsibility to advise us if you need accommodation or may be adversely impacted by the position requirements for any reason. Have you read the Mission Statement? Does it fit with your views? _____ Yes ____ No Can you support our mission? Yes No Do you understand that you must carry your own personal medical insurance? Yes No We work with cats. Most of you know how easy it is to get a little scratch while playing with your own pets. Even minor scratches occasionally need medical attention, and we want to be sure you have the resources to remain safe and healthy while working with senior and special needs kitties. Volunteer Signature (A typed signature on the emailed application is considered to be the same as a signed hard copy and will be binding. You must complete this line for your application to be processed. Thank you!) Below this line is to be completed by Catnip Casa Cat Refuge Catnip Casa Cat Refuge Representative Date _____ Approved____ Declined____ Bkgrd Ck____

minimum of 1 day per week and 2 hours per visit for 8-12 weeks or longer to facilitate socialization of the animals and completion of routine volunteer duties. We'll gladly schedule a single-day project for

Please email your completed application to penny@catnipcasa.org