



Volunteer Application

Contact Information

Name			
Street Address			
City, State, ZIP			
Primary Phone		Secondary Phone	
E-Mail			

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings
 Monthly Spay Days Only

Interests

Tell us in which areas you are interested in volunteering:

- Spay Day Clinic Staff (Animal Contact requires current rabies vaccine/titer)
 Spay Day Clinic Staff (Administrative/Clerical)
 Event Planning/Tabling
 Administration/Clerical
 Fundraising
 Public Relations/Education Campaigning
 Phone Bank
 Publicity Writing
 Trapping Missions

Trap-Neuter-Return

Do you have experience with TNR? If so, please describe:

Previous Experience

Do you have experience in veterinary medicine or professional direct animal care? If so, please describe:

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Rabies Vaccination

Are you vaccinated against rabies?

If yes: What is the date of you last rabies vaccine or titer?	____/____/____ Proof of vaccine/titer required for animal contact.
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Emergency Contact

Name			
Street Address			
City, State, ZIP			
Primary Phone		Secondary Phone	
E-Mail			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I release the use of my likeness to Operation Catnip for use in educational and/promotional videos and pictures. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)		
Signature		Date:

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us!