



# 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!