



# VOLUNTEER APPLICATION

Forgotten Felines and Fidos, Inc. is completely run by volunteers who have unselfishly given their time, energy, & love to thousands of animals in need. Their reward? Contributing to placing pets into forever homes where they are kept safe, healthy, & most of all loved. Volunteers are always welcomed, appreciated & every little bit does help.

Today's Date: \_\_\_\_\_

Are you over 18 years of age?  Yes  No

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

Emergency Contact Name: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Do you have any pets?  Yes  No

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

If yes, please describe what pets you have.

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Provide your guardian's name if under 18 years of age.**

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

Guardian Name: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Guardian Phone: \_\_\_\_\_

Please select **all** areas of interest/experience:  Foster Care  Fundraising  Social Media/Email Communication

Cat Care Shelter Cleaning (*a.m. only*)  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Surgery Intake/Discharge (*p.m. only*)  Mon  Tues  Wed  Thurs

Shelter Feeding  AM  PM -----  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

Please tell us a little more about yourself and volunteering.

How many hours are you interested in volunteering? (*enter # of hours*) Per Week \_\_\_\_\_ Per Month \_\_\_\_\_

Are you volunteering for Community Service?  Yes  No

What date would you like to start volunteering? (*enter a specific date*) \_\_\_\_\_

Tell us about previous volunteer experience: \_\_\_\_\_

Any special skills or hobbies: \_\_\_\_\_

Are there any duties you prefer not to do? \_\_\_\_\_

What do you expect to gain by volunteering with us? \_\_\_\_\_

Please select yes or no if you agree to the following statements:  Yes  No

As a volunteer of FFF I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization cannot assume any responsibility for any liability for any accident, injury or health problems which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Current Date

\_\_\_\_\_  
\*Guardian's Printed Name

\_\_\_\_\_  
\*Guardian's Signature

\_\_\_\_\_  
Current Date

**\*Guardian's signature required if the applicant is under 18 years old.**