



Forgotten Felines & Fidos Volunteer Applications

Name:		Today's date:	
Address:		Home Phone:	
City:	Zip:	Work Phone:	
E-Mail Address:		Cell Phone:	

Are you over 18? Please circle.	YES	NO
If NO please provide name and phone number of legal guardian		
Guardian Name:		
Guardian Phone:		

How did you hear about us?			
Do you have any pets?		How many?	Type:
When are you available?	Weekdays:	Weekends:	List hours available:
How many hours are you interested in volunteering?		Per Week:	Per Month:

Are you interested in the following areas? (please check)	
SHELTER COMMITTEE	
<input type="checkbox"/>	Shelter Improvements
<input type="checkbox"/>	Lawn care/ Landscaping
<input type="checkbox"/>	Plowing/Shoveling snow
<input type="checkbox"/>	Performing building maintenance
FUNDRAISING COMMITTEE	
<input type="checkbox"/>	Fundraising / Manning Booths
<input type="checkbox"/>	Making crafts for fundraising
<input type="checkbox"/>	Ideas for new fundraisers
<input type="checkbox"/>	Donations and help for our annual Silent Auction
FINANCE COMMITTEE	
<input type="checkbox"/>	Grant Writing
<input type="checkbox"/>	Performing duties using computer skills
<input type="checkbox"/>	Do you have access to a photocopier
ADOPTION COMMITTEE	
<input type="checkbox"/>	Foster Homes
<input type="checkbox"/>	Bottle feed kittens
<input type="checkbox"/>	Posting flyers
<input type="checkbox"/>	Distributing newsletters
PUBLICITY COMMITTEE	
<input type="checkbox"/>	Find new outlets for flyers & newsletters
<input type="checkbox"/>	Connect us with media outlets
GENERAL VOLUNTEER COMMITTEE	
<input type="checkbox"/>	Cleaning at the Germansville Shelter
<input type="checkbox"/>	Hands on work with the cats.

List any previous volunteer experiences:	
List any special skills or hobbies:	
List any duties you would prefer not to do: (Allergies?)	
What do you expect to get out of volunteering with us?	

Return this form to:
 Forgotten Felines & Fidos
 Attn: Volunteer Coordinator
 P.O. Box 62,
 Germansville, PA 18053