



## ***Volunteer Agreement***

Date: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

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

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

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

Emergency contact (name/phone): \_\_\_\_\_

Drivers License Number/Expiration/State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please indicate the reason you have chosen Shadow Cats for your volunteer time: \_\_\_\_\_

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What experience do you have with cats? \_\_\_\_\_

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What experience do you have with feral cats? \_\_\_\_\_

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Do you have cats of your own? \_\_\_\_\_

Are your pets spayed and neutered? \_\_\_\_\_ Declawed? \_\_\_\_\_

What area(s) are you interested in volunteering? Please check all that apply.

- Trapping
- Transporting
- Colony Feeder
- Help with care of Sanctuary cats
- Foster Care
- Fundraising
- Office Assistance
- Other (please explain) \_\_\_\_\_

How long are you interested in volunteering?

- Occasionally
- Short Term (less than 3 months)
- Long Term (longer than 3 months)

Is this for community service?  Yes  No

Comments: \_\_\_\_\_

What days and times are best for you?

- M  T  W  TH  F  S  Su

Are there any health issues or limitations we should know about?

- Yes  No

Please tell us something about yourself and your background/history: \_\_\_\_\_

Have you read our Adoption Policies and our Mission Statement and do you find they fit in with your views?  Yes  No

Do you support our mission?  Yes  No

Do you agree and understand that medical insurance must be supplied by the volunteer and that no coverage is offered by Shadow Cats?  Yes  No  
(Please be prepared to show proof of insurance)

**Please read, sign, and return to the Volunteer Coordinator at [nancyjac@swbell.net](mailto:nancyjac@swbell.net).**

Volunteer \_\_\_\_\_ Date: \_\_\_\_\_

Shadow Cats Representative \_\_\_\_\_ Date: \_\_\_\_\_