



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: _____

What experience do you have with cats? _____

What experience do you have with feral cats? _____

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 davidmurphy02@yahoo.com.

Volunteer _____ Date: _____

Shadow Cats Representative _____ Date: _____