

Shadow Cats

Volunteer Agreement

Name: _____

Address: _____

City/State/Zip: _____

Phone Contact Numbers: _____

Email: _____

In case of Emergency Contact:

_____ Relationship: _____ Number: _____

Birthdate _____

(we want to say Happy Birthday! You don't have to include the year if you don't want to!)

Please indicate the reason you have chosen Shadowcats for your volunteer time.

What experience do you have with cats? Do you have experience with feral cats?

Do you have cats of your own? _____ Spayed? Neutered?

What area are you interested in volunteering?

- Petsmart Adoptions/ Round Rock
- Petco Adoptions/ Great Hills
- Trapping
- Transporting
- Colony Feeders
- Fosters
- Other _____

How long are you interested volunteering?

- Occasionally
- Short Term < 3 months
- Long Term >3 months

Comments _____

What days are best for you? M T W TH F S S

Times? _____

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

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? Do you support our mission? _____

Do you agree and understand that medical insurance must be supplied by the volunteer and that no coverage is offered by ShadowCats Rescue?

Please read the agreement below, sign and return to the Volunteer Coordinator at volunteers@shadowcats.net.

Signed _____

Date _____

Shadowcats Representative _____

Date _____