

Springfield Kitty Cat Shack Rescue Inc

WWW.KITTYCATSHACK.ORG

(912) 429-9122

VOLUNTEER APPLICATION

Date: _____

Name(s) of Applicant: _____ Age: _____

Please note all volunteers under the age of 18 require permission from their Parent/Guardian.

Volunteers age 12 & under require parental supervision at all times during any SKCSR events.

Phone # (H) _____ (C) _____ (W) _____

Address: _____ Town/City: _____

Zipcode: _____ Email: _____

Section 1 (All Volunteers)

Please check any of the areas below that you are interested in volunteering for:

- Fundraising _____
- Animal Transport _____
- Adoption Events _____
- Administrative _____
- Other _____

1. How did you hear about SKCSR? _____

2. What is your reason for wanting to volunteer for SKCSR? _____

3. Do you have any previous experience working with animals or working in animal care? _____

4. Do you have any previous/current animal rescue/care volunteer experience? If yes, please list the organization and your duties as a volunteer. _____

5. Do you have any previous/current volunteer experience? If yes, please list the organization and your duties as a volunteer. _____

6. Do you have any special skills or abilities that would benefit SKCSR? _____

7. How many hours per week/month/year would you be available to offer your time? _____
8. Are you volunteering to fulfill a community service agreement? _____
If yes, what is the requirement? _____
9. Please list three references including your veterinarian if you are currently a pet owner.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Do you presently own a dog or cat? __No __Yes If yes, please list pets.

_____ Cat _____ Dog Breed/Mix _____ Age _____ Sex _____ Obtained From _____

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Section 2 (Fundraising Only)

1. At this time, can you list any fundraising events that you would like to coordinate or suggest: _____

2. Which areas of fundraising interest you? (check all that apply):
- Fundraising Team Leader (coordinate fundraisers, suggest and implement ideas) _____
 - Fundraiser (request donations, suggest ideas) _____
 - Volunteer (help at event, fundraisers such as food drives) _____

Section 3 (Transporting Only)

1. How many animals are you able to transport? _____
2. What areas of town are you able to provide transport to and from? _____

3. Do you drive this route on a regular basis? _____
4. What type of vehicle would you be transporting the animal(s) in? _____
Does your vehicle have working heat? _____ Working AC? _____
5. Are you able to provide your own crates (if needed) to transport the animal? _____

Please initial the following:

_____ I understand that animal transport is on a volunteer basis and I do not expect to be reimbursed for any costs (i.e. fuel) incurred during this trip.

_____ I understand that the animals I agree to transport may or may not have seen a veterinarian beforehand and may NOT be fully vaccinated.

_____ I understand that the animals I agree to transport may feel stressed and/or scared and there is a risk that I may be bitten and/or scratched. I agree to hold SKCSR and its representatives harmless if I am injured by said animal.

Section 4 (All Volunteers)

_____ I understand that the animals I agree to handle may feel stressed and/or scared and there is a risk that I may be bitten and/or scratched. I agree to hold SKCSR and its representatives harmless if I am injured by said animal.

_____ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of SKCSR.

_____ I agree that my services are provided to SKCSR on a volunteer basis without pay or compensation of any kind and that all services are to be performed at my own risk.

Do you hereby allow SKCSR to use any photographs taken of yourself at events for public relations purposes? _____

By signing below, I hereby submit that the information provided is true, and any false information may result in losing the privilege to volunteer for SKCSR. I understand that SKCSR has the right to deny my application and that this application must be completed in full and approved by the SKCSR Board of Directors before I may start my volunteer position.

Signature of Volunteer: _____

Name(s) printed: _____

Date: _____

If you are under the age of 18, we require the signature of your Parent/Guardian

Signature of Parent/Guardian: _____

Name(s) printed: _____

Date: _____

SKCSR representative printed: _____

SKCSR representative signature: _____