



VOLUNTEER APPLICATION

APPLICANT INFORMATION:

NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

HOME PHONE (INCLUDING AREA CODE): _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: WORK PHONE: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT HOME/CELL PHONE: _____ WORK PHONE: _____

ARE YOU OVER 18 YEARS OLD? YES NO – IF “NO” WHAT YEAR WERE YOU BORN? _____
(PLEASE NOTE: Youth volunteers under 15 years old must have parental supervision present while volunteering.
Youth volunteers aged 15 – 17 years old must have parent present at initial visit.)

ARE YOU VOLUNTEERING FOR A COMMUNITY SERVICE REQUIREMENT? YES NO
If “YES” is this for: SCHOOL COURT ORDERED OTHER _____

Please provide the names and phone numbers of two personal references:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

How did you hear about Colony Cats?

PLEASE TELL US ABOUT YOUR SKILLS AND INTERESTS:

EDUCATIONAL BACKGROUND: _____

CURRENT OCCUPATION: _____

HOBBIES, INTERESTS, SKILLS: _____

PREVIOUS VOLUNTEER EXPERIENCE (organization, type of work performed): _____

Have you had any previous experience caring for animals or working with a humane group? _____

Why are you interested in volunteering for Colony Cats? _____

Do you have pets? _____ If yes, are they spayed or neutered? _____

AVAILABILITY:

What times/days would you like to volunteer?

- MORNING AFTERNOON EVENING
 WEEKDAYS WEEKENDS FLEXIBLE

Do you wish to volunteer weekly, monthly, or on an occasional basis?

Do you have access to a car you can use for volunteer work?

PLEASE REVIEW THE ATTACHED LIST OF VOLUNTEER OPPORTUNITIES AND CHECK THOSE THAT ARE OF INTEREST TO YOU.

YOUR SIGNATURE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____
(Parent's signature required for applicants under the age of 18 years old.)

ANY COMMENTS YOU'D LIKE TO SHARE WITH US?

Return completed Volunteer Application and Volunteer Opportunities Checklist and Volunteer Release and Waiver to: Colony Cats, P.O. Box163904, Columbus, OH 43216-3904

For office use only

| | |
|-------------------------|------------------|
| AREA OF INTEREST: _____ | ROUTE TO: _____ |
| DATE: _____ | CONFIRMED: _____ |
| NOTES: _____ | |
| _____ | |



VOLUNTEER OPPORTUNITIES CHECKLIST

Thank you for your interest in volunteering with Colony Cats to help central Ohio's homeless cats and dogs! Our group's work would not be possible without the combined efforts of dedicated volunteers who provide Colony Cats' services for these animals.

Please review the volunteer opportunities listed below, indicate your area(s) of interest, and return this Volunteer Opportunities Checklist along with the Volunteer Application to Colony Cats. One of our volunteers will call to discuss your interests, talents, and availability, and provide you with further information on volunteering in the area(s) you have noted. Training will be provided.

- | | |
|--|--|
| <input type="checkbox"/> Volunteering in our intake/sick bay area <i>(animal care, paperwork, etc.)</i> | <input type="checkbox"/> Volunteering at our cat Adoption Center <i>(cleaning, feeding, customer service, etc.)</i> |
| <input type="checkbox"/> Assisting with phone work, correspondence data entry, paperwork and mailings <i>(some of which may be done from your home)</i> | <input type="checkbox"/> Assisting with fundraising <i>(helping with events, donation jar distribution, in-kind donations of supplies and prizes, etc.)</i> |
| <input type="checkbox"/> Transporting cats and/or dogs to and from vet clinics | <input type="checkbox"/> Trapping feral cats for spay/neuter, vaccinations, and vet care (TNR) |
| <input type="checkbox"/> Feeding feral cats in local controlled colonies <i>(food will be provided)</i> | <input type="checkbox"/> Assisting with educational outreach activities <i>(tabling at community events, etc.)</i> |
| <input type="checkbox"/> Volunteering at one of our off-site store locations. If so which store: _____ | <input type="checkbox"/> Assisting with publicity |
| <input type="checkbox"/> Assisting with adoption events/program for cats/dogs | <input type="checkbox"/> Volunteering at our Kit & Kaboodle Boutique |
| <input type="checkbox"/> Providing a foster home for cats and/or dogs | <input type="checkbox"/> I'm willing to help wherever needed |

Please note any other ways in which you might be able to help Colony Cats:

Please indicate any special training/certification you may already have:
(such as animal first aid, emergency response and rescue, etc.)

VOLUNTEERS WELCOME - PREVIOUS EXPERIENCE IS NOT NECESSARY.

Volunteer Release and Waiver

I understand and agree that as a volunteer for Colony Cats, I assume all risks of loss or injury, including death to myself or damage to my property while on the property of Colony Cats and elsewhere, while participating in the volunteer program.

I understand and agree that all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind.

I understand and agree that I will not be an employee of Colony Cats and will not receive any benefits normally available to employees. I understand and agree that Colony Cats shall incur no liability of any nature as result of my volunteering for Colony Cats.

I understand that in handling animals and performing other volunteer tasks there is a risk of injury, including physical harm or death, and that all services performed by me will be done at my own risk. I understand Colony Cats strongly recommends that I keep current my tetanus immunization. I further understand that Colony Cats recommends that any dogs and cats that I live with should be immunized by my veterinarian, if not already done so.

Therefore, on behalf of myself, my heirs and personal representatives, I hereby release, discharge and indemnify and hold harmless Colony Cats and its assigns, successors, agents, staff, officers, board of directors, employees, contractors and representatives from any and all claims, causes of action or demands of any nature of cause whatsoever, including costs and legal fees arising out of, or relating to, my volunteering with Colony Cats, including, but not limited to, animal bites, disease, accidents, property damage, or injuries.

Print Name: _____

Signature: _____

Signature of
Parent if Minor _____

DATE: _____