



## Feline Alliance Volunteer Application

Name \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Work Telephone \_\_\_\_\_ May we contact you at work?  Yes  No

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

Do you have a valid driver's license?  Yes  No State and license number \_\_\_\_\_

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

Does your vehicle have current registration and insurance? \_\_\_\_\_

Are you fluent in a language other than English? If yes, which ones? \_\_\_\_\_

How did you learn about Feline Alliance's Volunteer Program? \_\_\_\_\_

Why would you like to become a volunteer? \_\_\_\_\_

List any special skill, training or hobbies. \_\_\_\_\_

Do you have any prior experience as a volunteer? If yes, please describe organization and your duties. \_\_\_\_\_

Have you had any prior experience at an animal shelter/animal welfare organization or in a related field? If yes, please describe. \_\_\_\_\_

Do you have any companion animals of your own? If yes, please describe. \_\_\_\_\_

Are your companion animals spayed/neutered? If no, please explain. \_\_\_\_\_

Volunteering at Feline Alliance involves frequent interaction with the public. How do you feel about interacting with all types of people and taking direction from others? \_\_\_\_\_

Do you have any physical, medical, or other limitation or disabilities that may affect your ability to perform any volunteer activities? If yes, please describe. \_\_\_\_\_

What would you like to gain from your volunteer experience? \_\_\_\_\_

Have you been convicted of a misdemeanor or a felony in the last 5 years?  Yes  No

(Answering "yes" will not automatically disqualify you from volunteering.) \_\_\_\_\_

Please list three personal and/or professional references.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

Please indicate the days of the week and times that you may be available to volunteer:

Days:  Monday  Tuesday  Wednesday  Thursday  Friday  
 Saturday  Sunday

Times:  Morning  Afternoon  Evening

When are you available to begin? \_\_\_\_\_

How often do you wish to volunteer?  occasionally  once a week  more than once a week  once a month  
 other \_\_\_\_\_

How long can you commit to volunteering?  less than 6 months  6 months – 1 year  over 1 year

Are you able to volunteer on a regular schedule? (For example, the same time every week or month.)  Yes  No

Areas of volunteer interest:

- Humane education  Supply Driver  Clerical  Pet Outings
- Baking and Crafts  Special Events  Photography  Newsletter
- Fundraisers  Information Tables  Trapping for neutering
- Writer, Editor  Printing Services  Lawyer; provide pro bono legal advice
- Veterinarian or vet technician  Distribution; flyers and information
- Print Media  Colony Feeder  Colony Supervisor
- Food donation coordinator  Advocates  Carpentry
- Volunteer Coordinator  Meeting and appointment scheduler
- Food donation solicitation  Lost and Found information list
- Resource Helpline  Food distribution coordinator  Facebook Manager
- Other \_\_\_\_\_

I give my permission to Feline Alliance to verify the above information. I understand that this application does not guarantee acceptance to the Feline Alliance program.

Name \_\_\_\_\_ Date \_\_\_\_\_