

FRIENDS OF CATS
(619) 561-0361
VOLUNTEER HOURS- TUESDAY – SUNDAY 10-3:30

VOLUNTEER APPLICATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ AGE: _____

E-MAIL _____

EMERGENCY CONTACT NAME/NUMBER _____

HOW DID YOU HEAR ABOUT FOC VOLUNTEER PROGRAM? _____

WHAT TYPES OF VOLUNTEER ACTIVITIES ARE YOU INTERESTED IN:

_____ cat socialization	_____ publicity (brochure, newsletter, website)
_____ foster care program	_____ photography(brochure, newsletter)
_____ building repair/maintenance	_____ computer work
_____ fund raising	_____ donate crafts
_____ events	_____ package and mail merchandise
_____ landscaping	_____ laundry/cleaning

PLEASE CHECK HERE IF YOU ARE VOLUNTEERING FOR SCHOOL: _____; hours: _____

**** NOTE - TO GET SCHOOL CREDIT, WE REQUIRE THAT YOU HELP WITH ONE EVENT OR EQUIVALENT TASK FOR EVERY 25 HOURS OF VOLUNTEER WORK.**

Provide any additional skills you may have: _____

Have you volunteered with us before? yes no If so, when: _____

DATE: _____ SIGNATURE: _____

NOTES (*Office use only*):

