

Please Print
Clearly

Friends of Cats Volunteer Application



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

If you are younger than 18 years of age, what is your age: _____

Are you volunteering for school credit: _____ Hours needed: _____

School Name: _____

Please note that as of 9/1/2016 if you are under 16 years old an adult must be with you at all times.

How did you hear about FOC's volunteer program: _____

Have you volunteered with us before: _____ When: _____

Tell us about why you would like to volunteer at Friends of Cats: _____

My signature below indicates that I have read and agree to follow the Volunteer Guidelines that have been provided to me.

Signature: _____ Date: _____