

VOLUNTEER APPLICATION

Cats In Tow Rescue & Sanctuary, Inc.
[catsintow@facebook.com](https://www.facebook.com/catsintow) www.catsintow.org
catsintow@hotmail.com 714-878-1371



Date of Application _____

How did you find us? Volunteermatch.org Facebook Walk-In PetSmart

Other: _____ Name of Referral: _____

Last Name _____ First Name: _____

Email: _____ Cellphone: _____

Street Address: _____ City: _____ ZipCode: _____

Emergency Contact: _____ Cellphone: _____

Relationship: Parent Spouse Friend Relative

Information & Experience

What is your Age: _____ Grade Level _____ School Attending _____

Have you volunteered before? Yes No With an animal rescue organization? Yes No

Volunteering for School Community Service? Yes No Hours Needed _____ Deadline _____

Cat Handling Experience: None _____ Very Little _____ Own a cat and care for it daily _____

Feral Cat Experience _____ Trap-Neuter-Release Experience _____ Fostering Cats _____ Years _____

Please describe why you are interested in volunteering with Cats In Tow?

Please describe your work or volunteer experience with animals.

What skill (s) do you want to develop?

VOLUNTEER LOCATION: BREA PETSMART _____ Cage Cleaning/Cat Socialization

VOLUNTEER SHIFT: Morning 9am-11am _____ Afternoon 1pm-4pm _____ Evening 4pm-7pm _____

DAY PER WEEK: Monday__ Tuesday__ Wednesday__ Thursday__ Friday__ Saturday__ Sunday__

How soon are you able to attend orientation/training? Est. Date _____

How many hours per week are you able to volunteer? ___1 shift (3 hrs) ___2 shifts (6 hrs) Other _____

Are you looking to volunteer: ___ Short—term Est. End Date ___ Long-term Est. End Date

If under the age of 18, a parent or guardian must also read and agree in writing to our Volunteer Program Guidelines:

1. The Volunteer shall adhere to an agreed upon Volunteer Schedule and complete the Volunteer Hour tracker (Timesheet) at each visit.
2. The Volunteer is responsible to arrive on time and complete the assignment.
3. If there is a scheduling conflict, the Volunteer shall a) notify any team members on the same shift via phone/text/email at least 24-48 hours in advance; b) try to find a substitute among the other team members; c) **notify the Cat Center Supervisor Allison Leibig by phone/text 562-237-8407 or email allisonleibig@gmail.com at least 24-48 hours in advance.**
4. If the Volunteer is unable to complete the assignment and needs to leave the program earlier than the estimated end date, **the Volunteer shall email both the Cat Center Supervisor Allison Leibig and the Director Judith Serafini (catsintow@hotmail.com) at least 10 days in advance of the new end date.**
5. **If an unannounced exit occurs, the Volunteer forfeits all hours served documentation.**
6. All volunteers need to **“like” and receive notices from our Facebook.com/catsintow page** in order to stay up-to-date with our program.

Parent/Guardian Name: _____ Date: _____

By submitting this application I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I have read the written Program Guidelines set forth on this document and agree to these Program Guidelines. *Electronically typing your name is the same as your signature.

Applicant Name: _____ Date: _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us.

Orientation Date Assigned: _____