7655 E 3500 N Rd

Bourbonnais, Il 60914

815-472-4734

MISSION STATEMENT: The mission of New Beginnings for Cats is to advocate for the welfare and responsible care of animals and protect them from neglect and cruelty and promote humane awareness and compassion. We believe that every cat deserves a second chance at a new life.

WHY VOLUNTEERS ARE NEEDED: Volunteer's time and talents are an asset to New Beginnings for Cats. There are many ways you can make a difference for the welfare of the cats. You may wish to work directly with the cats at our shelter, or may get involved with other important aspects of our shelter's operation.

***The minimum requirement to become an NB4C volunteer are that you must be eighteen year of age or older to volunteer by yourself. (Volunteers under 18 must train and volunteer with an adult.) And attend training and care about the welfare of the animals.**

Volunteer Application — New Beginnings for Cats

Applicant Information

- **Full Name:** _____
- **Address:** _____
- **City/State/ZIP:** _____
- **Phone:** _____
- **Email:** _____
- **Driver's License:**

- Emergency contact and phone:

- **Date of birth:**

- Parent's names (if under 18)

- Areas of interest:
- □ Administration
- □ Adoptions
- □ Cleaning/feeding
- □ Data entry
- □ Events
- □ Fundraising
- □ Grant writing
- □ Grooming
- □ Maintenance
- □ Socialization

How often would you like to volunteer?
□ One time only
□ Once a week
□ More than once a week

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you currently employed? Where (name and address) _____

Position: _____

Pet Ownership (Optional)

- Do you currently own pets? ☐ Yes ☐ No
- If yes, list pets: _____
- Are they spayed/neutered? ☐ Yes ☐ No ☐ N/A

Volunteer / Animal Experience (Optional)

- Previous volunteer experience (if any): _____
- Animal experience (if any): _____

How You Heard About Us

-

Reason for Volunteering

-
-

Physical Condition (If Applicable)

Do you have any physical condition that may limit your activities?

☐ Yes ☐ No

If yes, explain: _____

References

Personal Reference #1

- **Name:** _____
- **Address:** _____
- **Phone:** _____

Personal Reference #2

- **Name:** _____
- **Address:** _____
- **Phone:** _____

Professional / Work-Related Reference (1 or more)

- **Name:** _____
- **Address:** _____

- **Phone: _____**

(Repeat as needed)

- **Name: _____**
- **Address: _____**
- **Phone: _____**

Waiver and Release of Liability
This waiver and release of liability, indemnification and hold harmless agreement is between the Volunteer\ and New Beginnings for Cats. Org., 7655 E 3500 N Rd., Bourbonnais, Il 60914, Kankakee County and its directors, officers, members, employees, agents, assigns, legal representatives and successors (hereinafter referred to as NB4C)

As a volunteer 18 years and older, I hereby understand and agree to the following: I agree to WAIVE and RELEASE NB4C from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage. Loss or injury to person or property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at NB4C and notwithstanding that such damage, death, illness or loss of injury may have been caused partly by negligence of NB4C. I agree to INDEMNIFY and HOLD HARMLESS NB4C for any costs or liabilities which may incur as a result of my volunteering at or for NB4C.

I acknowledge and agree that I have carefully read this agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signed this agreement I understand that this agreement is binding on y, my spouse, my executors, administrators, personal representative]s and assigns and that this agreement has important legal consequences. The terms of this agreement are contractual and not mere recitals. The agreement will be construed in accordance with and governed by the laws of the State of Illinois.

- **Signature of Volunteer: _____**
- **Signature of Parent/Guardian (if under 18): _____**
- **Date: _____**

Updated 07/15/2026