



Cat Cove, Inc.
P. O. Box 112
Mollusk, VA 22517
804-250-6551
www.catcove.org

CCI is a nonprofit 501(c)(3) organization

Volunteer Application

Your Information

Name: _____

Date of Birth: _____ Are you over 18? Yes No *(fill in consent page 2)*

Address, City, State & Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Best way to reach you: Home Work Cell Email

Emergency Contact name: _____ Phone: _____

What is your work status?

- | | | |
|---|---|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Self-employed |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Retired | <input type="checkbox"/> Student |
| <input type="checkbox"/> Other: _____ | | |

When can you volunteer? (check all that apply)

- | | | |
|---|-----------------------------------|---|
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Weekends | <input type="checkbox"/> As needed/ Flexible |
| <input type="checkbox"/> Specific days _____ | | <input type="checkbox"/> ____ hours per week |
| <input type="checkbox"/> Specific times _____ | | <input type="checkbox"/> On call/ Emergencies |
| <input type="checkbox"/> After business hours | | <input type="checkbox"/> Other: _____ |

How would you like to volunteer? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Foster Home volunteer | <input type="checkbox"/> Foster cats/ kittens | <input type="checkbox"/> Trapping (for TNR) |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Other: _____ |

Are you or anyone in your household allergic to cats? Yes No Don't know

How did you hear about us? _____

Continued -->

If accepted as a volunteer for Cat Cove, Inc. (CCI), a non-profit corporation, I realize I am not a paid employee and am not covered by any workers' compensation insurance or any other insurance or guaranteed medical payment coverage which would compensate me should I be injured while volunteering for CCI. I recognize that in handling animals there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby fully release, discharge, indemnify and hold harmless forever Cat Cove Inc., its board of directors, agents, employees, adoption venues, and other volunteers from any and all things, acts, omission or conditions which may cause me damage or injury or any other problems in any way connected with my services for CCI including but not limited to animal bites or scratches, accidents, injuries, and property damage.

I also understand that public relations are an important part of volunteering at Cat Cove, Inc. On behalf of myself, my heirs, personal representatives and executors, I allow CCI to use my name and/or photographs of me in public relations efforts.

Tell us about pets that you have or had and were responsible for: _____

Tell us about your prior volunteer experiences (if any): _____

Please provide any additional information you would like: _____

By signing below, I state that I have never been convicted of ANIMAL CRUELTY, NEGLECT OR ABANDONMENT of any companion animal.

By signing this form, I acknowledge that all information is true and correct. I understand that any misrepresentation of fact may result in refusal of volunteer privileges. If my request for volunteering is approved and later, we discover the above information is not true, whole or correct, we reserve the right to revoke volunteer privileges.

Volunteer signature: _____ Date: _____

Parental Consent (for volunteers under 18 years old)

I, _____ (parent/ guardian name) give my consent for my minor child _____ (minor name) to participate in the CCI Volunteer Program. I acknowledge the requirement that a volunteer under 18 must be supervised by an adult at all times to participate in all aspects of volunteering at CCI. I have read and agree with the terms written above for myself and my child while participating in the Volunteer Program.

Parent/ Guardian signature: _____ Date: _____