

FOR OFFICE USE ONLY	Orientation Date: _____	First Day of Volunteering: _____
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Volunteer Application

Thank you for your interest in volunteering! It is our policy to provide equal opportunities without regard to race, color, religion, age, gender, sexual orientation, national origin or disability.



CONTACT INFORMATION	AVAILABILITY (CHECK ALL THAT APPLY)
<p>Name: _____</p> <p>Date of Birth: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone (home): _____</p> <p>Phone (cell): _____</p> <p>Email: _____</p> <p>Medical Insurance Carrier: _____ (Leave blank if you don't have medical insurance)</p>	<p><input type="checkbox"/> Mon: Hours _____</p> <p><input type="checkbox"/> Tues: Hours _____</p> <p><input type="checkbox"/> Wed: Hours _____</p> <p><input type="checkbox"/> Thurs: Hours _____</p> <p><input type="checkbox"/> Fri: Hours _____</p> <p><input type="checkbox"/> Sat: Hours _____</p> <p><input type="checkbox"/> Sun: Hours _____</p>
<p>IN CASE OF EMERGENCY</p> <p>Emergency Contact: _____</p> <p>Relationship: _____</p> <p>Phone (home): _____</p> <p>Phone (cell): _____</p> <p>Email: _____</p>	<p>SPECIAL SKILLS</p> <p><i>What skills and qualifications have you acquired from employment, volunteer work and/or other activities that you feel will enhance your work with our clinic?</i></p>
<p>VOLUNTEER INTERESTS</p> <p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Coin Can Monitor</p> <p><input type="checkbox"/> Phone Line</p> <p><input type="checkbox"/> Outreach</p> <p><input type="checkbox"/> Special Events</p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Graphic Design</p> <p><input type="checkbox"/> Sexless Soiree</p> <p><input type="checkbox"/> Other: _____</p>	<p>VOLUNTEER EXPERIENCE</p> <p><i>Please summarize your previous volunteer experience with animals and other organizations:</i></p>

Volunteer Statement of Understanding



By signing below, I agree to volunteer my services to the Feral Cat Spay/Neuter Project ("FCSNP").

I understand that the FCSNP's purpose is to provide no-cost sterilization and other veterinary procedures as necessary to feral cats and their relatives. I have read or will read the FCSNP's volunteer manual so that I am familiar with the FCSNP's mission and procedures.

I understand that if I undertake any volunteer work that involves direct contact with cats, there are risks associated with handling cats. I understand that cats may scratch or bite, possibly transmitting disease in the process. If volunteering at the clinic, I also understand that hazardous materials are used in the performance of veterinary procedures.

In the event I am injured in the course of performing volunteer work, I agree to seek immediate medical attention. I understand and agree that all treatment for and all costs associated with any personal injury or illness incurred while acting as a volunteer for the FCSNP, regardless of the reason, will be covered by myself or my own medical or personal liability insurance.

I agree that the Feral Cat Spay/Neuter Project, its employees, volunteers, agents or Board of Directors, will not be liable for any medical treatment or other costs associated with any personal injury or illness incurred in the course of performing volunteer work.

I understand that the FCSNP upholds the right of each veterinarian to practice his/her ethics, and agree that as a volunteer I will also respect that premise.

As a volunteer, I agree to treat fellow volunteers, clients and staff with respect and kindness. I understand that my privilege of volunteering may be revoked at any time for inappropriate behavior to any cat or person while affiliated with the FCSNP.

I have read, or agree to read, the "Clinic Policies for Free Surgical Services" and "Surgical Release Form". I agree to adhere to the principles of these documents while volunteering for the FCSNP. (These documents are available on the FCSNP website: www.feralcatproject.org)

If I have any problems or concerns about FCSNP or any aspect of my volunteer experience, I agree to speak with the Office Manager or Clinic Manager for help in resolving the issue.

By signing below, I acknowledge that I have read and understood, and that I agree to, the preceding statements. I agree to volunteer my services to the Feral Cat Spay/Neuter Project under these conditions, recognizing that there are risks.

Name of Volunteer:

Signature:

Today's Date