

## Cat Care Society Volunteer Application

- **CCS volunteers must be a minimum of 16 years of age.**
- **Our volunteer program does not accept applicants seeking to fulfill either court or school assigned community service obligations.**

***Please print clearly and complete both sides of application.***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Tell us about your pets at home:

	Dog	Cat	Other	Neutered?	Name	Age	Time owned	Indoor	Outdoor
#1									
2									
3									
4									
5									

Have you in the past, or are you planning to breed any of your pets? Y ( ) N ( )

If yes, please explain: \_\_\_\_\_

Please state your position on spay/neuter: \_\_\_\_\_

Do you have a valid CO driver's license and access to a vehicle? Y ( ) N ( )

Have you been convicted of any criminal offense? Y ( ) N ( ) If yes, what was the offense and when:

\_\_\_\_\_

Are you looking for a long-term volunteer commitment? Y ( ) N ( )

What is motivating you to volunteer at this time?

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What days are you available? \_\_\_\_\_

Are you available ( ) morning ( ) afternoon

Are you interested in a ( ) weekly schedule ( ) bi-weekly schedule ( ) monthly schedule

In order of preference, number the activities you prefer, #1 being of highest interest to you.

- |                                       |   |
|---------------------------------------|---|
| ( ) Afternoon Feeding                 | ( ) Representing CCS at off-site events |
| ( ) Adoption Assistance               | ( ) Working fundraising events          |
| ( ) Foster Care                       | ( ) Helping medicate shelter cats       |
| ( ) Shelter Phone Answering           | ( ) Helping at the Cat Clinic           |
| ( ) Cat Assisted Nursing Home Visits* | ( ) Administrative/Data Entry/Clerical  |
| ( ) Feline Food Bank                  | ( ) Social Media                        |
| ( ) Cat Socialization                 | ( ) Animal Transport*                   |
| ( ) Event planning committees         | ( ) Holiday feeding                     |

\* Requires driving personal vehicle.

Do you have experience in any of your selected tasks from volunteering at another organization? If yes, where and when did you volunteer? \_\_\_\_\_

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Will that organization give you a good reference? Y ( ) N ( ) If no, please explain:

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Aside from your love and expertise with cats, please describe skills) you may have to offer this organization:

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**I confirm that the information I have provided is correct and true. I understand that if my interests match the needs of Cat Care Society at the present time, I will be contacted for orientation and training. I also understand that there will be a \$25.00 charge upon entering the program which covers a volunteer shirt and name badge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail to Volunteer Coordinator, Cat Care Society, 5787 West 6<sup>th</sup> Avenue,  
Lakewood, CO 80214**

MVVF 3-04-14