



Volunteer Application

Town Cats Inc

PO Box 1405, Berlin, Md 21811 towncats.net

Name: _____ Date: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone # _____ Best time to call _____

Cell # _____ Best time to call _____

Work # _____ Best time to call _____

Driver Lic # _____

State _____ Expiration _____

Email address: _____ May we add you to our newsletter e-mail list? _____

Emergency Contact: _____ Phone: _____ Relationship _____

Are you: Employed? _____ Retired? _____ Student? _____ Stay at or work from home? _____

If employed: Employer _____ Occupation _____ FT, PT or varies? _____

Please indicate days and times (ie 2-4pm) that you would be available to volunteer:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Are you interested in: (please circle all that apply)

- | | | | |
|----------------------|-----------------------|---------------------|------------------------------|
| Outreach Events | Foster Care | Website Updates | Social Media |
| Grant Writing | Colony Feeding | Publicity/Marketing | Trapping stray or feral cats |
| Graphics | Transport cats to vet | Making Crafts | Transport to Spay/Neuter |
| Newsletter Assistant | Adoption Events | Fundraising | Cat Care at OC Pet Spa |

Other? _____

I, the undersigned, do hereby release Town Cats, Inc., its directors, officers, trustees, volunteers and representatives from liability to myself and/or my part for any damage accident, or injury to person(s) or property incurred in relation to visiting the shelter or animals under the control of the organization. I agree to hold harmless the Town Cats organization, officers, directors, volunteers, their family members, heirs, personal representatives and agents for any injuries, damages, liabilities, losses, judgments, costs, and/or expenses, which I might suffer in connection with the performance of my volunteer activities for Town Cats. I hereby hold harmless & release from liability Town Cats, Inc. and their affiliates should I become sick or injured from any animal as a result of my volunteer work. I hereby affirm that all of the above information is true and correct. I authorize Town Cats, Inc. to verify any and all information in this application. (Without your signature we cannot approve this application).

I have read and understand the above application and terms and will fully comply with them.

Signature of prospective volunteer/foster

Date

STAFF USE

Home residence verified: _____ Date Completed / Initials _____

If you plan to, or are thinking of fostering, please fill out this page. Name: _____

Household Information

Do You: _____ Own _____ Live with Family _____ Rent _____
If renting, please provide Landlord's Name: _____ Phone Number: _____
How many children LIVE AT HOME or VISIT: _____ Ages: _____

Your Pets

Please list all the pets you have owned in the past 5 years. Are they still with you? If not, what happened to them?
Pet #1: Type _____ Still with you? _____ Yes _____ No _____
If yes, pet's age _____ If no, what happened? _____ neutered/spayed? _____ Yes _____ No _____
Pet #2: Type _____ Still with you? _____ Yes _____ No _____
If yes, pet's age _____ If no, what happened? _____ neutered/spayed? _____ Yes _____ No _____
Pet #3: Type _____ Still with you? _____ Yes _____ No _____
If yes, pet's age _____ If no, what happened? _____ neutered/spayed? _____ Yes _____ No _____
Pet #4: Type _____ Still with you? _____ Yes _____ No _____
If yes, pet's age _____ If no, what happened? _____ neutered/spayed? _____ Yes _____ No _____

Are your current cats: Tested for Feline Leukemia and FIV? Y/N Results? _____
Are your current cats up to date on FeLV and FIV vaccines? Y/N Next Due Date _____
Do your current pets get along with cats? Y/N If you think there will be a conflict, how will you keep the foster cat separate from your family pet(s). _____
Are your current cats - indoor only/indoor outdoor/outdoor (circle one)? _____

Veterinary Information

Name of VETERINARY HOSPITAL/CLINIC: _____ Phone Number: _____
Are your pets listed under your name? YES, NO if no, whose name are they under? _____

Other

How long are you willing to foster a cat? _____
What kind(s) of cats are you willing to foster? (Check all that apply) _____ Adult Cat _____ Kittens _____ Bottle babies _____
_____ Nursing mother with kittens _____ Cat requiring medication _____
If fostering kittens, do you have an isolation area to keep them separate from your resident animals (ie spare bedroom, large bathroom, laundry room)? _____yes _____no _____not applicable _____
When are you available to start fostering? _____
If it is necessary for you to bring the foster cat to one of our pre-approved local vets, are you able to do so? _____

Foster Care Agreement

I/we understand that all animals are TEMPORARILY fostered for Town Cats and are the property of Town Cats. I agree to keep any foster cat inside. If my foster pet(s) shows any sign of health or behavior problems, I understand that I need to contact Town Cats immediately. I will relinquish any foster animal to Town Cats upon their request.

Town Cats is not responsible for damage or injury to any person, animal, or possession caused by a foster cat.

By signing below, you are verifying that you have read and agree to all terms stated above and that the information provided on this form is true and accurate.

I have read and understand the above application and terms and will fully comply with them.

Signature of prospective foster

Date