



**VOLUNTEER Application**

For Cats' Sake Cat & Kitten Adoption is a 501(c)(3) non-profit organization that actively re-homes cats and kittens. It is only with your time and hard work that FCS is able to continue its rescue mission.

**Contact Information** (For internal use ONLY. Distribution outside of FCS is prohibited.):

Applicant #1: (include middle initial)	
Applicant #2: (include middle initial)	
Address:	
City, State:	Zip:
Daytime/Work:	Evening/Home Phone:
Cell Phone:	Email:

Are you a volunteer with any other rescue or shelter? Y N

If so, which one? \_\_\_\_\_

**Volunteer Interest** (please check all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Adoption Clinics (must be 18) | <input type="checkbox"/> Adoption Follow-Up Calls    |
| <input type="checkbox"/> Answer Phone Line             | <input type="checkbox"/> Legal                       |
| <input type="checkbox"/> Administrative/Coordinator    | <input type="checkbox"/> Finance                     |
| <input type="checkbox"/> Cat Assessment                | <input type="checkbox"/> New Foster Home Evaluations |
| <input type="checkbox"/> Delivering Food/Medications   | <input type="checkbox"/> Special Events/Pet Fairs    |
| <input type="checkbox"/> Fund-Raising Activities       | <input type="checkbox"/> Transporting Cats/Kittens   |

(Must have current Automobile Insurance if driving/transporting for FCS.)

**I have the following skills/talents** (please check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Accounting/Bookkeeping   | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Computer Programs: _____ | <input type="checkbox"/> Legal Issues  |
| <input type="checkbox"/> Crafts: _____            | <input type="checkbox"/> Photography   |
| <input type="checkbox"/> Fund-raising             | <input type="checkbox"/> PR/Marketing  |
| <input type="checkbox"/> Graphic Arts             | <input type="checkbox"/> Websites      |

Please tell us how you heard about our organization: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co- Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please email or mail the completed application to the addresses listed at the top of this form.