

# Volunteer Application



## EB FELINE REHOMING

[ebfelinerehoming@gmail.com](mailto:ebfelinerehoming@gmail.com)

[facebook.com/EBRehoming](https://facebook.com/EBRehoming)

[ebfelinerehoming.org](http://ebfelinerehoming.org)

P.O. Box 25662

Fort Wayne, IN 46825

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

Full Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Cell/Alternate Phone \_\_\_\_\_

Phone \_\_\_\_\_

Cell/Alternate Phone \_\_\_\_\_

Are you 18 or older? \_\_\_ Yes \_\_\_ No

Please provide one non-family reference:

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### VOLUNTEER ACTIVITIES IN WHICH YOU ARE INTERESTED:

Cleaning the PETCO Habitat

Feline Enrichment, Socialization, & Grooming

Maintenance & Repair

Transportation (helping take cats/kittens to vet appointments or adoption events)

PETCO Adoption Events

Outreach Adoption Events

Heavy Lifting – helping set up for events

Special Events & Fundraising

Foster Opportunities

Photographing our cats

Publicity (writing, marketing)

Clerical/Computer (website maintenance, Petfinder)

Other (please specify) \_\_\_\_\_

Please list any special skills, training or hobbies that you might be able to use to help us help the cats/kittens:

Cleaning

Sewing

Decorating

Photography

Computer skills

Fundraising experience

Carpentry

Veterinary experience

Any special experience working with animals? \_\_\_\_\_

Signature \_\_\_\_\_

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

By: \_\_\_\_\_ for EB Feline Rehoming

# Volunteer Release of Liability



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Fort Wayne, IN 46825

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

I, \_\_\_\_\_ hereby agree that I am providing volunteer services to EB Feline Rehoming. I understand that EB Feline Rehoming and any of its representatives or members are not responsible for any illness or injury caused by animals that I come in contact with during the course of my volunteer work.

I agree to hold harmless and release from liability EB Feline Rehoming and any event partners should I become ill or injured as a result of my interaction with animals.

Name of Volunteer: (please print)

Full Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell: \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

By: \_\_\_\_\_  
for EB Feline Rehoming