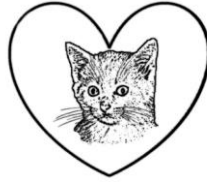


Volunteer Application



EB FELINE REHOMING

ebfelinerehoming@gmail.com

facebook.com/EBRehoming

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? _____

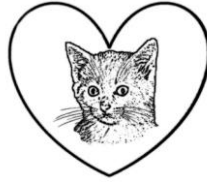
What days/times are you available? _____

Signature _____

Date: _____

By: _____ for EB Feline Rehoming

Volunteer Release of Liability



EB FELINE REHOMING
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[facebook.com/EBRehoming](https://www.facebook.com/EBRehoming)
ebfelinerehoming.org
P.O. Box 25662
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