

Cat Care Initiative
50 Bridge St. E
705-868-1828
trenthillscatcare@gmail.com



Volunteer Application Form and Waiver

Please Print and Fill in All Information

Date _____

Name _____

Address _____

City/Town _____ Postal Code _____

Phone (Home) _____ (Work) _____ Email _____

Your Occupation _____ Employer _____

Emergency Contact Person

Name _____ Relationship _____

Emergency Contact Phone _____

How did you hear about Cat Care Initiative?

Why would you like to be involved with our organization?

What is your volunteer experience, if any? _____

Please list any experience, skills, training that may be useful to your volunteer work:

How much of a commitment are you willing to make per week? Days _____ Hours _____

The store is open Monday 10am – 2pm, Tuesday to Thursday 11am – 3pm, Friday 10am – 3pm, and Saturday 10am – 2pm. From time to time we also need help when the store is closed, e.g., feeding and cleaning cats/kittens, help preparing for an event, reorganizing store donations.

Please List Two (2) Character References

Name	Phone Number/Email	Relationship

By signing this application I acknowledge all statements in this application are true. Any false statements will result in denial of this application.

Signature _____

Date _____

Office Use

Approval Yes _____ No _____

Signature of Board Member _____

Notes:

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Volunteer Waiver

I agree not to make any statements, written or verbal, or cause or encourage others to make any statements, written or verbal that defame, disparage or in any way criticize the personal or business reputation, practices, or conduct of the Cat Care Initiative, their directors, officers and volunteers. I acknowledge and agree that this prohibition extends to statements, written, or verbal, made to anyone, including but not limited to the news media, any board of directors or advisory board of directors, industry analysts, competitors, strategic partners, vendors, employees and volunteers (past and present) and clients.

I grant the Cat Care Initiative permission to use any photographs or videotape images of me taken in the course of my involvement, and to use my name, image, comment(s) and information regarding my volunteer role, activities, affiliation and city of residence.

I waive and release any and all claims for myself, my heirs, executors and administrators against the "Not for Profit" corporation and any other sponsor or organization involved, from any and all claims or liability for death, personal injury or property damage of any kind however caused, including any claim or liability arising from the negligence of the organization, its agents, servants or employees and of any person on site, arising out of or in the course of my participation as a volunteer for which I choose to participate. This Release and Waiver extends to all claims, foreseen or unforeseen, known or unknown.

Adult Volunteer Applicant (18 years and older)

Signature _____

Date _____

Youth Volunteer Applicant (17 years and younger)

Signature _____

Date _____

By signing below, I, the undersigned, certify that I am the parent or legal guardian of the applicant, and as such on behalf of myself and the applicant, agree to the terms of the waiver as noted above.

Parent or Legal Guardian _____

Date _____