

Azalea City Cat Coalition (est. 2008)



Volunteer Application/Agreement

Complete and email back to susanyoung@azaleacitycats.org

PLEASE PRINT CAREFULLY!

Name of volunteer: _____

Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Email address _____

Please print e-mail address carefully.

This is how we will contact you!

Cell Phone: _____

Home phone: _____

Work phone: _____

E-mail address: _____

Emergency contact: _____

Employer: _____

Occupation: _____

Married Single

DL # _____ Auto Insurance Co: _____

Have you adopted a pet from us? Yes No

Do you have dogs? Yes No How many? _____

Do you have cats? Yes No How many? _____

Are they spayed or neutered? Yes No

Other pets? _____

Previous volunteer experience: _____

Interest and hobbies: _____

How did you hear about our organization? _____

What are your special skills? _____

How would you like to help? _____

Can you volunteer during the week? Yes/ No

on Saturday? Yes /No

on Sunday? Yes/ No

Minimum age to volunteer is 19.

Volunteers for school service clubs call us for special assignments.

“Helping people help cats for a better community!!!”
