



# Adult Volunteer Application

SUBMIT THIS APPLICATION AT VOLUNTEER ORIENTATION

**THANK YOU** for your interest in volunteering with Cat Depot, a feline-only rescue, adoption, education and resource center. Volunteers play a vital role within our organization. Without your support, we would not be able to assist nearly the number of cats and kittens who need help in our community.

- Do not submit application prior to attending volunteer orientation
- You must be 16 years of age or older to participate independently
- Depending on the activities you choose, additional training may be required

**Check the volunteer opportunities that interest you:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adoptions      | <input type="checkbox"/> Foster Parent      | <input type="checkbox"/> Off-site adoptions      |
| <input type="checkbox"/> Camp Counselor | <input type="checkbox"/> Fundraising        | <input type="checkbox"/> Photography             |
| <input type="checkbox"/> Cat Socializer | <input type="checkbox"/> Grant Writing      | <input type="checkbox"/> PR Marketing            |
| <input type="checkbox"/> Cleaning       | <input type="checkbox"/> Greeter/Tour Guide | <input type="checkbox"/> Receptionist/Front Desk |
| <input type="checkbox"/> Data Entry     | <input type="checkbox"/> Humane Educator    | <input type="checkbox"/> Transporter             |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Office Assistant   | <input type="checkbox"/> Veterinary Assistant    |

**Please print your responses clearly**

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

E-mail \_\_\_\_\_ Are you 18 years or older?    Y    N

**Year round**

**Seasonal**

**EMERGENCY Contact Name** \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

\_\_\_\_\_

Describe any previous experience working with animals: \_\_\_\_\_

\_\_\_\_\_

Occupation/Employer: \_\_\_\_\_

Educational experience (if currently in school, include name of school, grade and course of study):

\_\_\_\_\_  
List additional information that may be useful (i.e., special skills, training, interests, hobbies):

\_\_\_\_\_  
I give permission to Cat Depot to verify any information given above. I understand that this application does not guarantee acceptance to the Cat Depot volunteer program.

I agree to:

- Follow Cat Depot’s safety and disease protocols and exercise safe animal handling
- Record my volunteer service hours each time I visit
- Notify a staff member immediately if I am injured while volunteering with Cat Depot, including, but not limited to, any bite or scratch caused by an animal.
- Update my volunteer application if there are any changes to my contact information
- Protect the privacy of any personal information given by adopters, donors, those who relinquish animals, staff, volunteers, or any other persons associated with Cat Depot.
- **Give permission to Cat Depot to use my photos, videos, etc. of me for publication and without compensation**
- Provide a copy of my insurance and valid driver's license before operating a Cat Depot vehicle, if necessary.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

2542 17<sup>th</sup> Street, Sarasota, FL  
941-366-2404  
[www.CatDepot.org](http://www.CatDepot.org)



**ADULT VOLUNTEER RELEASE  
(18 years or older)**

I, (Print Name) \_\_\_\_\_, agree to act as a volunteer for Cat Depot, Inc. I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree to comply with the rules and regulations established by Cat Depot, Inc. and failure to do so may result in my immediate removal as a volunteer.

**I am aware of the nature of the activities to be performed as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed at my own risk. On behalf of myself and my respective heirs and personal representative, I agree not to hold or attempt to hold cat depot, inc. Or its employees responsible for any injury or damage sustained or incurred arising out of or in any way connected to my activities as a volunteer for cat depot, inc., regardless of whether such injury or damage was caused by the acts or negligence of cat depot, inc.**

If I am convicted of or plead no contest to a crime during my tenure as a volunteer, I agree to notify the Director of Operations or the Volunteer Coordinator immediately.

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
(Print Name of Witness)

\_\_\_\_\_  
\_\_\_\_\_  
(Print Name of Witness)

\_\_\_\_\_  
Volunteer Signature  
Date: \_\_\_\_\_

Cat Depot  
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