

## CNY Cat Coalition Volunteer Application

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_  
 (If under 18 years of age, volunteer must be accompanied by a parent or guardian.)

Parent or guardian if required: \_\_\_\_\_ Tel: \_\_\_\_\_

Volunteer's Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

\_\_\_\_\_ Work Tel: \_\_\_\_\_

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

Email: \_\_\_\_\_

**Area(s) of Interest:**

(Please see brief description of some of the categories on the poster at the PetSmart Adoption Center table.)

**PetSmart Adoption Center** \_\_\_\_\_

**Spay/Neuter** \_\_\_\_\_

**Foster Care for Cats** \_\_\_\_\_

**Shelter Building** \_\_\_\_\_

**Transportation (drivers)** \_\_\_\_\_

**Feral Cat Trapping** \_\_\_\_\_

(learn how to help people who feed feral cats to trap them to be altered)

**NSAL (North Shore) Prep** \_\_\_\_\_

**Food Pantry** \_\_\_\_\_  
 (pickup & delivery)

**Helpline Calls** \_\_\_\_\_

(people needed who like to help others with solutions to their cat situations)

Availability: Days	Hours	Days	Hours
Monday _____	_____	Thursday _____	_____
Tuesday _____	_____	Friday _____	_____
Wednesday _____	_____	Saturday _____	_____
		Sunday _____	_____

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if applicant is under 18 yrs) \_\_\_\_\_

**When completed, please give to a Coalition adoption center volunteer if available or slide application under the door. The volunteer coordinator will contact you regarding your interests. Thank you!**