|  |  |
| --- | --- |
| Volunteer Application Applicants under the age of 18 must apply with parent or guardian. |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Cell Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |  |
| --- | --- |
| Laundry | \_\_\_ Transporting |
| Trap cleaning | \_\_\_ Shelters: building &/or painting |
| Trapping | \_\_\_ Fundraising |
| Site visits | \_\_\_ Volunteer coordination |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

|  |
| --- |
|  |

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

|  |
| --- |
|  |

## Trap/Neuter/Return and Free-roaming Cats

### Summarize any experience you may have had with Trap/Neuter/Return or free-roaming cats.

|  |
| --- |
|  |

### Why do you want to volunteer with the Meow Mission?

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with us.



PO Box 192, Mishawaka, IN 46546 | themeowmission.org | 574-300-3353