

Volunteer Application



THE MEOW MISSION
PROACTIVE POPULATION CONTROL
THE HUMANE WAY

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?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering (no experience necessary)

- | | | |
|--|--|---|
| <input type="checkbox"/> Trapping | <input type="checkbox"/> Managing/Leadership | <input type="checkbox"/> House Cleaning |
| <input type="checkbox"/> Cat Care | <input type="checkbox"/> Barn Cat Program | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Return to Field Program | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Trap Cleaning | <input type="checkbox"/> Transporting | |

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.

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Why do you want to volunteer with the Meow Mission?

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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. I agree to participate in the aforementioned activities at my own risk, to be liable for, indemnify, defend and hold The Meow Mission, its directors, officers, agents, servants, representatives employees, attorneys, consultants and independent contractors ("Indemnitees") harmless from any and all liabilities, suits, obligations, fines, damages, penalties, claims, charges and expenses (including, without limitation, attorneys' fees and disbursements) ("Damages") that may be imposed upon or incurred by or asserted against any of the Indemnitees arising out of or related to my participation or the participation of my agents, representatives, servants, employees or independent contractors during the agreed upon time and for the agreed upon purpose whether or not such damages are due to the negligence of The Meow Mission or otherwise. Further, it is a condition of this Agreement that The Meow Mission assumes no liability for liabilities, suits, obligations, fines, damages, penalties, claims, costs, charges and expenses (including, without limitation, reasonable attorneys' fees and disbursements) to either Persons or property on account of the same, except as expressly provided herein.

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.