



The Hope Foundation for Cats

VOLUNTEER APPLICATION

(One form per volunteer)

Please fill out this form and e-mail to us if you are willing to commit to volunteer at our organisation on a regular basis.

Name: _____

Surname: _____

Occupation: : _____

Physical address: _____

Postal code: _____

Email: _____

Cell Phone: _____

Home Phone: _____

Are you 18 years of age or older? Yes / No (If not we require written consent from a parent or guardian)

Do you have any pets of your own? (Please specify) _____

Are all your pets sterilised? (if applicable) _____

When are you available for volunteering? (Eg weekends only or after hours during the week)

How many hours will you be able to volunteer on a regular (monthly / weekly) basis?

Have you ever been convicted of animal cruelty or a related crime? Yes / No

Are you involved with any other animal welfare organization(s)? Yes / No. If yes, which organization(s) and how do you participate?

Have you ever done volunteer work before? Yes / No

If yes, where and what were your responsibilities? If you no longer volunteer, why did you stop?

We need volunteers in the following areas. Please tick to indicate your interest/s:

- **Maintaining and cleaning of shelter**
 - **LaundryTransporting (vet runs) of cats to and from vets**
 - **Assist with monthly flea treatments/ deworming programmes**
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- **Marketing and Fundraising events**

- **Administrative**

- **Other (please specify):** _____

FULL NAMES AND SURNAME

SIGNATURE

DATE
