

Volunteer Application

*St. John Feral Cat Fund
P.O. Box 2884
Plattsburgh, New York 12901
Ph: (518) 534-0824*

Name: _____ Date: _____

Address: _____

Phone: _____

I am willing to volunteer my time to perform the following
(Check as many as applicable)

- _____ 8AM or 5PM
_____ Cleaning cages (PetsMart Adoption Center) _____ Office work
_____ Fostering cats or kittens (temporarily until space opens **Adoption Center**)
_____ Fundraising _____ trapping (**April-June**)
_____ Caretaker of site or sites (Daily feeding, watering and cleaning)
_____ Other: _____

Previous animal related experience: _____

Why would you like to volunteer for the St. John Feral Cat Fund?

How did you find out about us? Newspaper _____ Friend _____ Other _____

When would you like to volunteer? Please remember to take into consideration that volunteering should be a solid commitment. Your time spent helping the animals and staff is very valuable and relied upon once an agreement is made. Therefore, please schedule yourself when you will be able to work on a fairly regular basis.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Time of day and planned length of stay _____

Every week _____ Once a month _____ other _____

Volunteer Agreement

I understand that my time spent at the St. John Feral Cat Fund. SFCF, Inc. is performed on a purely volunteer basis. I agree that my interactions with the animals will be performed with the utmost kindness and respect. At the same time, I understand these animals may exhibit unforeseen and unpredictable behaviors, such as growling, scratching, biting, etc. Should such behaviors present themselves, or should I enter into a situation where I am in need of assistance (involving an animal or otherwise), I understand I must inform the facility manager or other facility employees as soon as possible to elicit help. I also waive and release the facility and its officers, directors, employees and volunteers from and against any and all claims I have or may have arising out of any injury that I incur or may incur arising out of or in any way related to my volunteering at the facility, sites or my residence.

Please read page 3 for special notice, especially for parents of young volunteers

Signature: _____ Date: _____

Parent's or _____ Date: _____

Guardian's signature:

(If volunteer is under the age of 18)

In case of emergency, please contact:

Name: _____ Relation: _____

Phone number (s): _____

A special notice especially for parents or guardian's of young volunteers

By allowing your child/children to volunteer their time at the St. John Feral Cat Fund. Inc., you agree with, understand and will instruct your child to follow the guidelines stated above. While she/he volunteers at the facility, one or more staff members will be on the premises and will instruct your child to perform the tasks that need to be completed. If for any reason staff are not present when you arrive, or are called away, for example, in emergency situations, we request that you do not leave your child at the facility, and/or that you retrieve your child as soon as possible. We will seek to avoid allowing your child to handle **ANY** animal, which we deem inappropriate (too large, dangerous, sick, etc...), which we will determine on a case-by-case basis. We also seek your input as to what tasks, if any, you feel your child should be limited from performing or encouraged to perform.

While at the facility, your child will be in an environment where cats and kittens are adopted, socialized and trapped on a regular basis. Therefore, some animals they will become attached to may not be at the facility the next time they volunteer. Your child may also become attached to an animal, which, if necessary, may have to be euthanized (put to sleep using lethal injection), and/or other animals, which may become ill and die unexpectedly. We will answer and explain to your child any questions they have regarding such situations, as well as any other concerns they raise in general. **You must, however, be willing to stress to your child/children the potential emotional, as well as physical risk involved (as described above) with volunteering for the facility and also be willing to lend support yourself.** We also encourage volunteering to be a "family affair," and welcome families as a whole to spend some time with some needy animals.

Lastly, we would like to speak with you, the parent or guardian, personally, regarding your child/children volunteering at the facility. We would like to do this in order to address any issues or concerns you have, and also to help us learn more about your child. No child will be permitted to volunteer at the facility unless his/her parent, guardian, or other responsible adult has met with our staff to discuss the child's volunteer work.

Signature: _____ Date: _____

Parent or _____ Date: _____
Guardian signature (If volunteer is under the age of 18)