



Cat Caregiver Application

Thank you for your interest in volunteering with the Feline Adoption & Rescue Society!
Please complete the following application and return it to the address below. You will be contacted by the Shelter Manager who will review the application with you and contact your references. If selected, you will be invited to attend an orientation session.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Occupation: _____

Email: _____ May we call you at work? Y N

Are you 18 years of age or older? Y N

Emergency Contact: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

1. Are you volunteering to fulfill community service hours? Y N

If yes, from where and how many? _____

2. Which of the following days and times are you available for a two-hour shift?

Monday 6:30-10 a.m. Tuesday 6:30-10 a.m. Wednesday 6:30-10 a.m. Thursday 6:30-10 a.m. Friday 6:30-10 a.m. Saturday 6:30-10 a.m. Sunday 6:30-10 a.m.

Monday 5-9 p.m. Tuesday 5-9 p.m. Wednesday 5-9 p.m. Thursday 5-9 p.m. Friday 5-9 p.m. Saturday 5-9 p.m. Sunday 5-9 p.m.

3. Can you volunteer on a weekly basis? Yes No Not sure

4. Schedule comments? _____

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5. At which location would you like to volunteer?

Cambridge PetSmart

Framingham PetSmart

Both

6. Have you read the Cat Caregiver position description?

Yes

No

7. Are you able to fulfill all of the duties outlined in the position description?

8. Do you have any allergies or other limitations that may require special accommodation?

9. Why would you like to be a Cat Caregiver with Feline Adoption & Rescue Society?

10. Do you currently live with a pet? (if yes, please describe):

11. Please describe any previous work or volunteer experience you have with cats:

12. Please describe any other experience you have working with animals:

13. Please describe any special talents/skills you believe you bring to this position:

14. Have you received the rabies pre-exposure vaccine series?

Yes

No

If yes, please provide year of vaccine series or titre: _____

15. How did you hear about us? _____

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16. Are you interested in any of our other volunteer opportunities? Please check all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> Follow-up phone calls | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Photography | <input type="checkbox"/> Lowell Area Feral Feeding |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Special Events | <input type="checkbox"/> Lowell Area Feral Trapping |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Cat Foster Care | <input type="checkbox"/> Other: _____. |
| <input type="checkbox"/> Transporting Cats | <input type="checkbox"/> Cat Medical Care | _____. |

References

Please provide contact information for two individuals who are not directly related to you, have known you for at least two years and can discuss your personal character, strengths and weaknesses, reliability, and other issues relevant to your ability to be a Cat Caregiver.

Your references will be contacted by phone by the Shelter Manager. Please be sure to inform them so they are prepared to speak about you.

Reference 1:

Name: _____

Phone: _____ Relationship: _____

Reference 2:

Name: _____

Phone: _____ Relationship: _____