



Feline Adoption and  
Rescue Society, Inc.



# Volunteer Questionnaire

*Please fill out to the best of your ability.*

Age Policy: children between 11 and 15 must volunteer alongside a parent or guardian. Unfortunately, we cannot accept volunteers under age 11. Please speak to a staff member about alternative ways your child could help the kitties.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email: \_\_\_\_\_ May we call you at work?  yes  no

Are you volunteering to fulfill community service hours? If so, where and how many? \_\_\_\_\_

Can you volunteer on a weekly basis?  yes  no  not sure

What days and times are you available to volunteer?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Why would you like to volunteer here? \_\_\_\_\_

Do you have experience with animals? \_\_\_\_\_

Do you have any special skills? \_\_\_\_\_

Education Level: \_\_\_\_\_

Have you ever volunteered for an animal shelter? If so, where and when? \_\_\_\_\_

Have you received the rabies pre-exposure vaccine series?  yes  no  not sure

If so, Year: \_\_\_\_\_ Hospital: \_\_\_\_\_

Please check the areas that interest you:

- |  |   |  |   |   |
|--|---|--|---|---|
| <input type="checkbox"/> Shelter Chores/Feeding... | <input type="checkbox"/> Phone Calls    | <input type="checkbox"/> Mailings      | <input type="checkbox"/> Data Entry     | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> at Framingham Petsmart    | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Special Events | <input type="checkbox"/> Healthcare     |
| <input type="checkbox"/> at Cambridge Petsmart     | <input type="checkbox"/> Feral Trapping | <input type="checkbox"/> Feral Feeding | <input type="checkbox"/> Foster Care    | <input type="checkbox"/> Transportation |

Do you have allergies, disabilities or other limitations that may require special accommodation or restrict your activities?

Are there any duties you would prefer not to do? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

*Making it safe for cats and kittens by providing dynamic programs that ensure their health and welfare.*

P.O. Box 2163 ■ Natick, MA 01760 ■ [info@felineadoptions.org](mailto:info@felineadoptions.org) ■ 508-838-7956 ■ [www.felineadoptions.org](http://www.felineadoptions.org)



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## Volunteer Release | *Please fill out to the best of your ability.*

Since many of the cats and kittens we work with often have unknown histories, we advise you to consider being vaccinated against rabies. This is your option, not a requirement.

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I, (print your name) \_\_\_\_\_ hereby agree to accept a position as a volunteer at Feline Adoption & Rescue Society, Inc., and in doing so, I agree to comply with all of the policies, rules, and regulations which may be established from time to time by the Feline Adoption & Rescue Society, Inc.. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a voluntary basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of Feline Adoption & Rescue Society, Inc., all services to be performed by me at my own risk.

I recognize that in handling animals and performing other volunteer task, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge indemnify, and hold harmless Feline Adoption & Rescue Society, Inc., its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred, or sustained by me in any way connected with my services for Feline Adoption & Rescue Society, Inc., including, but not limited to, animal bites, scratches, accidents, or injuries.

I agree to release, discharge, indemnify, and hold the Feline Adoption & Rescue Society, Inc. harmless for any and all damage or loss to my personal property while performing my volunteer services for the Feline Adoption & Rescue Society, Inc. in a voluntary capacity.

I understand Feline Adoption & Rescue Society, Inc. recommends I receive a pre-exposure rabies vaccination series if working directly with cats. I understand that I am responsible for the cost of the pre-exposure series.

Volunteer signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Volunteer Parent or Guardian if Volunteer is a Minor:

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of Feline Adoption & Rescue Society, Inc. Representative:

\_\_\_\_\_ Date: \_\_\_\_\_

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