



PAWSITIVELY CATS VOLUNTEER APPLICATION / INFORMATION FORM

Pawsitively Cats · 1145 N Woodland Ave / Tucson, AZ 85712 · (520) 289-2747 · www.pawsitivelycats.org

Form may be scanned and emailed to savecats@pawsitivelycats.org

Please print

NAME _____
last first

ADDRESS: _____
Street City State Zip

Phone: _____ Cell: _____ Work: _____ E-mail: _____

Birthday: _____

VOLUNTEER JOBS:

I am interested in the following volunteer position(s)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Cat Care | <input type="checkbox"/> Foster Home Care | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Newsletter Contributor |
| <input type="checkbox"/> Shelter Cleaning | <input type="checkbox"/> Adoptions | <input type="checkbox"/> Office Work | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Errands | <input type="checkbox"/> Property Maintenance | |

*There are certain
criteria and skills
required for some of
these positions.*

SKILLS and INTERESTS:

1. Previous volunteer experience: _____
2. Hobbies and interests: _____
3. Educational background: _____
4. Current occupation: _____
5. Animal background: _____ Years _____
6. Other Experience: Vet Care _____ Computer _____ Other _____

BACKGROUND VERIFICATION:

1. Have you ever been convicted of a criminal offense? ☐ YES ☐ NO
2. Have you ever been charged with neglect, abuse or assault? ☐ YES ☐ NO
3. Are your vaccines up to date including COVID? Tetanus? YES NO

Please

Explain _____

3. Please list 2 non-family references whom we might contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

AVAILABILITY: Location _____

1. **WEEKLY COMMITMENT**... I will commit at least once a week from 1-4 hours.

PREFERENCE: MON. TUES. WED. THURS. FRI. SAT. SUN.
(Circle all days that you want to be schedule AM AM AM AM AM AM AM)

2. **LESS THAN ONCE A WEEK**... Circle your best days to schedule.

PREFERENCE: MON. TUES. WED. THURS. FRI. SAT. SUN.
(Circle all days that you want to be schedule AM AM AM AM AM AM AM)

Additional time restrictions: _____

ANIMAL INFORMATION: *In order to provide the safest possible conditions for all animals involved, please supply the following information regarding your pets.*

- Number of dogs _____, cats _____, other _____ Spayed/neutered? **Y / N**
- Vaccinations: Type and date _____
- Name of your Veterinarian: _____
Permission to contact your vet? **Y / N**

Additional Information: _____

LIABILITY STATEMENT: I understand that there are some inherent risks when dealing with animals.

Therefore, I will not hold Pawsitively Cats liable for any accident or injury incurred while participating in related activities nor will Pawsitively Cats, its staff, Board of Directors, or other volunteers be liable for same. _____(INITIAL)

PHOTO RELEASE: I hereby grant Pawsitively Cats permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting the program and do no expect, nor shall receive any monetary reimbursement for this authorization. _____(INITIAL)

I, _____, have read and understand the contents of this document.
The information provided by me is complete, true and accurate to the best of my knowledge.

Signature _____ Date _____

IF MINOR, Signature of Parent/Guardian _____

Official Use Only

Interview by: _____

Notes:

Orientation Date: _____

Start Date: _____

Training Date: _____