



1001 W. 37th Ave., Hobart, IN 46342

info@felinecommunitynetwork.org

(219) 940-3340

Feline Community Network works to ensure the well-being of companion cats by providing medical care and rehabilitation services to those felines that arrive sick or injured. Ideally, we would like to aid as many cats as possible, however, in reality, due to insufficient funding, and space we must prioritize. Many of our cats come from shelters and animal control agencies that, by necessity or policies, must euthanize. We have many volunteer opportunities for dedicated animal lovers who are (18) years of age and older.

Volunteer Application

First: _____ Middle Initial: _____ Last: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

What is the best way for us to communicate with you? _____ Email _____ Phone _____ Text _____ Facebook

Are you over (18) years of age? _____ Yes _____ No Date of Birth: _____

Drivers License # _____ State Issued: _____

Do you have any health concerns that might impact your work as a volunteer? (Such as heart condition, back injury, allergies, etc.) If so please explain. This information will help us not only to place you into the appropriate volunteer situation, but in case of a medical emergency will also us to provide vital information to emergency personal: _____

In case of an emergency please contact: Name: _____

Phone #: _____ Relationship _____

AVAILABILITY:	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Mornings	()	()	()	()	()	()	()
Afternoons	()	()	()	()	()	()	()

Approximately how many hours would you like to contribute to this volunteer program?

Weekly _____ Monthly _____

Many of our volunteer opportunities are needed during the week.

Other opportunities include Saturdays & Sundays for special events

Have you ever been convicted of a crime? (____) Yes (____) No

If yes, Please explain the nature of the crime and date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work): This question is being asked in general as at times children maybe present as volunteers and/or at special events. _____

Do you hold any professional certifications such as Veterinarian, Vet Tech, Registered Nurse, Medical Doctor, etc. _____

Aside from English, are you fluent in any other languages? (____) Yes (____) No

If Yes, please specify and include your level of competency. Fluent, advanced, intermediate, beginner:

How did you hear about Feline Community Network?

Why are you interested in becoming a volunteer? _____

Please list any relevant work or volunteer experience: _____

Please list any special training, skills, or hobbies: _____

What do you hope to gain from volunteering with Feline Community Network?

Are you applying to volunteer with us to complete a school requirement? _____ Yes _____ No

Number of hours required: _____ Date hours are due: _____

I understand that this is an application for and not a commitment or promise of volunteer opportunities. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with Feline Community Network that are true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application will be verified by Feline Community Network and I hereby give permission for Feline Community Network to contact anyone it deems necessary to inspect or verify any information provided by me to discuss my suitability for a volunteer position, including a background check, volunteer experience, education, or related matters. I voluntarily and knowingly waive all rights to bring action for defamation, invasion of privacy, or similar cause of action against anyone providing such information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Feline Community Network or my termination as a volunteer.

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature if applicant is under 18 years of age: _____

I AM AWARE, that volunteering with Feline Community Network involves risk of personal injury, property damage, and other risks associated with volunteer services.

I RELEASE, Feline Community Network from any and all liability for all loss, damages, and claims (including Attorney fees and costs), resulting from injury to the person listed below or to his/her property arising from volunteering services.

I HEREBY HOLD HARMLESS, Feline Community Network and project organizers from any and all claims, actions, or damages relating to or arising out of any related volunteering for Feline Community Network.

I UNDERSTAND, I am fully and completely responsible for all healthcare expenses incurred by me if I become injured while participating in Feline Community Network's volunteer program, and I have made arrangements to handle such expenses through insurance coverage, access to cash, or other methods.

FURTHERMORE, I agree to utilize my own vehicle for transportation to and from the program, and further agree that I will be fully responsible for any and all damages or injuries sustained by myself and or anyone else in my vehicle. I agree not to provide transportation for any children that are attending any of the programs for which I volunteer. I hereby represent and warrant that I am fully insured to operate my own personal vehicle, to the extent required by law.

I ASSUME FULL RESPONSIBILITY FOR, any and all claims and costs (including my own) arising directly or indirectly out of activities, acts, or omissions while volunteering for Feline Community Network.

FURTHERMORE, I authorize Feline Community Network to use my name and give any organization involved with Feline Community Network permission to photograph me. I understand that Feline Community Network has permission to use my name, photographs/videotape, likeness, image, voice in all media, publications, advertising and for publicity purposes in connection with my participation with Feline Community Network's volunteer program, related activity or project unless written notice is received to the contrary.

I UNDERSTAND COMPLETELY that Feline Community Network does not carry or maintain any type of insurance, and expressly disclaims responsibility for providing any health, medical, or disability insurance coverage for the volunteer. With this we **do not allow any child under the age of 18 to participate as a volunteer at the organization.**

I FURTHERMORE HEREBY HOLD HARMLESS NOT ONLY FELINE COMMUNITY NETWORK, BUT ANYONE AFFILIATED WITH THE ORGANIZATION, INCLUDING BUT NOT LIMITED TO DISTRIBUTION LOCATIONS, EVENT HOST, COLLECTION SITES, OTHER VOLUNTEERS, ETC. I UNDERSTAND IF I ATTEMPTED TO HOLD ANYONE OF THESE ACCOUNTABLE IT WOULD ADVERSELY EFFECT THE PROGRAM AND THE PROGRAMS ABILITY TO HELP THE FAMILIES AND ANIMALS WITHIN THE COUNTY.

I CERTIFY, that the statements made in this volunteer release are true and correct, and have been given voluntarily. I understand that this information may be disclosed to any party, with legal and proper interest, and I release Feline Community Network from any and all liability whatsoever for supplying such information. I understand that I will not be paid for services as a volunteer.

I have carefully read and understand completely the above provisions & voluntarily sign the Release and Indemnity Agreement

Volunteer Signature: X _____ Date: _____

Parent/Guardian's Signature if applicant is under 18 years of age: X _____