



OUR MISSION
PROVIDING COMPASSIONATE CARE AND COMMUNITY CONNECTIONS TO CATS IN NEED OF FOREVER HOMES

[Info@surfcatcafe.org](mailto:info@surfcatcafe.org) www.surfcatcafe.org

Volunteer Application (minimum age 18)

Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date of birth: _____

Occupation: _____ Employer: _____ Work Phone: _____

Please list any formal education, training, and/or experience in pet care or animal welfare:

Have you ever been charged with or convicted of a felony or animal abuse? No Yes
 If so, please explain:

Please list the names and contact information for two references:

1. _____

2. _____

How did you hear about Surfcat Café & Adoptions?

Why would you like to volunteer at Surfcat Café & Adoptions?

Please list your current pets:

Species	Breed	Age	Sex	S/N	How long owned?	Access to outdoors?	Any health issues?

Are all pets current on vaccines? No Yes

Surfcat Café & Adoptions is a nonprofit, no kill cat shelter, requiring adoptive homes to agree to our no declaw and indoor only policies.

Do you have questions about these requirements? No Yes

Since you may be handling animals, it is important that you discuss a tetanus vaccination with your physician.

Please complete this Section if you are interested in volunteering for the following:

(check all that may interest you – positions will be thoroughly described at Orientation)

Please add any other ways you may want to volunteer

- Special Events
- Adoption Events
- Foster

What days of the week are you available?

Mon Tues Wed Thurs Fri Sat Sun AM or PM?

As a volunteer some of the following tasks **will** be a part of your regular routine: Cleaning cages, handling cats, disinfecting carriers, cleaning dishes and litter pans, laundry. Do you have any allergies or physical, medical (including pregnancy), psychological limitations or disabilities that might hinder you from safely performing any potential duties?

No Yes

If yes, please explain _____

Signature _____ Date: _____

Complete this Section if you would like to provide foster care in your home:

Do you live in: House Apartment Condo Duplex Mobile Home

Do you: Own Lease Rent Are there any pet restrictions? _____

Property Owner/Manager: _____ Phone: _____

Please list **all** members of household (first and last names):

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Are there any children not listed above who visit frequently? No Yes Ages: _____

How many hours a day will your fosters spend without a human? _____

Do you have a separate area or room for fosters? No Yes

Where will your foster(s) be when you are home? _____ When left alone? _____ At night when sleeping? _____

Have you ever fostered before? No Yes

If so, for whom and when? _____

Who would you feel most comfortable fostering Adult cats Special needs cats/kittens Unsocial kittens

Signature _____ Date: _____