



Volunteer Application

Contact Information

Name: _____ Date: _____
Address: _____
City/State/Zip: _____ Email: _____
Phone Numbers: H: _____ W: _____ Cell: _____
Best way to contact: *Email:* _____ *Phone:* H: _____ W: _____ Cell: _____ *Postal Mail:* _____
Name of business/ employer: _____

Do you have valid medical coverage? Yes _____ No _____
Do you have any physical limitations we should be aware of? _____
Emergency Contact: _____ Phone: _____
Birth Date (month/day) _____ Age, if under 18: _____

How did you hear about FCCO?: _____

Skills & Interests

Education Level: _____
Current (or past) Occupation: _____
Hobbies, Interests, Skills: _____

Previous Volunteer Experience: _____

Please explain your interest in volunteering with FCCO, and what you would like to get out of volunteering with us:

Positions

Please indicate area(s) of interest:

<input type="checkbox"/> Clinics	<input type="checkbox"/> Trapping/Transportation
<input type="checkbox"/> Phone work	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Outreach/Education	<input type="checkbox"/> Special events
<input type="checkbox"/> Administrative/Office work	<input type="checkbox"/> Mailings

Do you have experience trapping? Yes___ No___
Are there duties you would prefer not to perform? _____

(more)

Availability

I can help in the following cities/counties: _____

___ I can commit to helping _____ times per week OR _____ times per month

___ My commitment will/can be variable

___ My schedule is flexible OR I am available to help during the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References

(Work or previous volunteer references preferred)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Have you ever been arrested for or convicted of a crime other than a minor traffic violation?

___ No

___ Yes, please explain _____

I certify that the information in this application is complete and accurate. Upon joining FCCO as a volunteer, I agree to follow the policies and direction of the FCCO board, staff and volunteer coordinators. I authorize FCCO to use photographs/videos that include me while volunteering. I understand that at any time either or FCCO or I may terminate this relationship.

Signature: _____ Date: _____

If you are unable to attach a digital signature this application will be available for you to sign at volunteer orientation.

If you use an Internet email service such as Hotmail or gmail you will need to save this application and email it as an attachment to volunteer@feralcats.com. You may also print the application and mail it to us at: FCCO, PO Box 82734, Portland, OR 97282.

FCCO Use Only

Date submitted: _____

___ Attended Orientation Date: _____

___ Applicant interviewed Date: _____

___ References checked Date: _____

___ Placed Date: _____

___ No longer with program Date: _____