



FELINE FRIENDS INC.  
P.O. Box 174  
Feeding Hills, MA 01030-2133  
(413) 786-5019  
info@felinefriendsinc.org  
www.felinefriendsinc.org

## *Volunteer Application*

*You can submit your adoption application in one of three ways:*

*Email it to info@felinefriendsinc.org*

*Bring it to our weekly adoption clinic at Dave's Soda and Pet City in Agawam, Saturday 12-3pm*

*Or mail it to PO Box 174, Feeding Hills, MA 01030*

Name \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_

Best time(s) to reach you by phone: \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address \_\_\_\_\_

STREET

CITY

STATE

ZIP

Emergency Contact Name \_\_\_\_\_

Phone # \_\_\_\_\_

Relation to you \_\_\_\_\_

How did you hear about Feline Friends? \_\_\_\_\_

Besides fulfilling your love for animals, what else do you hope to get out of your volunteer experience at Feline Friends?

Please describe any special skills or animal related experience you may have: \_\_\_\_\_

*Continued on reverse →*



Which days of the week are you available to volunteer?

Mon     Tues     Wed     Thur     Fri     Sat     Sun

What time of day are you available?

Mornings     Afternoons     Evenings

How many hours per week are you willing to volunteer? \_\_\_\_\_ hours

*As a volunteer with Feline Friends, Inc., I understand the risks involved in working near or with any animal, including risk of personal injury. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless Feline Friends, 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 by Feline Friends, Inc. in connection with the same, based on damages or injuries which may be incurred, or sustained by me in any way connected with my services for Feline Friends, Inc., including but not limited to animal bites, accidents or injuries.*

Volunteer's Signature \_\_\_\_\_ Date \_\_\_\_\_

***We will get back to you as soon as possible! Thank you for applying!***

OFFICE USE ONLY

Date of Phone Interview \_\_\_\_\_

Date of On-Site Orientation \_\_\_\_\_

Volunteer Start Date \_\_\_\_\_