

Volunteer Application



Save Our Cats and Kittens, Inc.
498 Carmel Drive, Fort Walton Beach FL 32547
Shelter: 850-863-5756 Cat's Crossing, SOCKS Thrift Store : 850-863-8999
www.saveourcatsandkittens.com

Date: _____

Full Name: _____ T-shirt Size: S M L XL 1X 2X

Address: _____

City _____ ST _____ Zip _____

E-mail Address: _____

Are you volunteering for court ordered community service? YES NO
OR
Are you volunteering for school service hours? YES NO
If YES to either question, how many hours do you plan to complete at SOCKS? _____

Phone Number (Please indicate which is preferred contact number):

Home: _____ Cell: _____ Work: _____

Please Circle Below

Birth Month: Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

Age Range : <16 16-18 19 – 30 31 – 40 41 – 50 51 – 60 61 – 70 71 & over

Volunteers under 18 must have their parent's permission and co-sign on the application.

Occupation: _____ Employer: _____

If Student, school you attend: _____

Availability (list times)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

If you are a seasonal resident, please list the months of the year in which you are available:

Special Professional Training/Skills/Hobbies:

Special Certifications: (i.e., CPR, medical, professional licenses, etc.):

Have you ever been convicted of or pled guilty to any felony or violent misdemeanor? (If yes, please describe in full):

Have you ever been arrested or cited for animal cruelty, dog fighting, animal fighting, animal neglect, child abuse, child neglect, or any crime involving animals or minors? (If yes, please describe in full):

Please check the task/committee on which you would like to participate (please select at least one):

Shelter Cleaning	<input type="checkbox"/>	Thrift Store Donation Pick Up (your truck)	<input type="checkbox"/>	Facilities Repair/ Upkeep Team	<input type="checkbox"/>
Cat Taxi/ Courier	<input type="checkbox"/>	Thrift Store (general help)	<input type="checkbox"/>	Event Planning	<input type="checkbox"/>
Foster Care	<input type="checkbox"/>	Metal Recycling Process	<input type="checkbox"/>	Event Assistance	<input type="checkbox"/>
Shelter Office Tasks	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>
Yard Work	<input type="checkbox"/>	Computer Graphics	<input type="checkbox"/>	Volunteer Coordination	<input type="checkbox"/>
Newsletter Assistance	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Grant Writer	<input type="checkbox"/>

I agree to indemnify Save Our Cats and Kittens, Inc., (SOCKS) its assignees, members, directors and employees, and hold each of them harmless from and against any and all claims, demands, losses, damages, liabilities, costs and expenses, including legal fees, arising out of or by reason of any misrepresentations made by me or of any of the representations, warranties, or agreements made under this application or my participation as a volunteer for or on behalf of Save Our Cats and Kittens, Inc., or as a member of this organization.

I hereby release and agree to hold harmless from liability SOCKS the officers, employees and volunteers thereof, or any other person or organization that may provide such information related to any background check on my behalf.

As a condition of volunteering, I give permission for SOCKS to conduct a background check if I am appointed or elected to certain leadership or technical positions or the Board of Directors, which may include a review of sex offender registries, child abuse, animal abuse and criminal history records. I understand that, if appointed to such a position or if I serve on the Board of Directors, my position is conditional upon SOCKS receiving no inappropriate information on my background. SOCKS will notify any member who is subject to a background check prior to initiating the background check, and I will have an opportunity to decline the position without prejudice. The results of any background shall remain confidential and available for review by me.

I also understand that, regardless of previous appointments, SOCKS is not obligated to accept me as a volunteer. I further understand that if I am accepted as a volunteer, I agree to provide a minimum of two hours per month for one full year.

I further certify that I will read the policies and guidelines provided to me.

Applicant Signature: _____ Date: _____

Applicant Name (please print): _____

Parent Signature, if applicable: _____

Print Parent Name: _____