



Island
Cat Resources
And Adoption

A Non-Profit Humane Organization, Est. 1994

VOLUNTEER APPLICATION

Date: _____

Name: _____ Date of Birth: _____

Address: _____
street city zip code

Home phone: _____ Work phone: _____

It is best to contact/leave messages for me at home work

Home e-mail: _____ Work e-mail: _____

It is best to send email messages to home work or do not use email to contact me.

1) Employer: _____ Your Title: _____

Supervisor: _____ Supervisor's phone: _____

May we contact your supervisor as a reference? Yes No

Describe your position:

2) Have you been a volunteer in the past? Yes No

Please list current or past volunteer work below.

Agency _____ Duty _____

Agency _____ Duty _____

Agency _____ Duty _____

3) Please describe any pets you have – names, ages, types (cat, dog, etc).

4) Please describe your experience with animals in general, cats specifically – volunteer work, personal or professional experience and skills.

5) Please explain why you are interested in volunteering with ICRA at this time.

6) Is there anything likely to prevent you from keeping a six-month commitment to volunteer with ICRA?

7) Please list times you are available in the boxes below. We understand that your schedule might be different when you begin volunteering. We are trying to get an idea of your availability for program planning purposes.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I would like to participate in the following program(s):

- Feral Cat Trapping Clerical Assistance Newsletter
 Adoption Fund Raising & PR Transportation
 Computer work Foster/socialize cats & kittens

If there is an additional program area you are interested in please describe:

Emergency Contact Name: _____ Relationship: _____
Emergency Phone: _____

Please describe any physical limitations: _____

What means of transportation do you use? _____

Due to the nature of ICRA's services, we reserve the exclusive right to select or not to select potential volunteers at any point before services are provided or after placement in the program.

Signature: _____ Date: _____

Thank you for your time and interest. We deeply and sincerely appreciate what you do for us and for the cats and kittens, and we pledge to do our best to make your volunteer experience with Island Cat Rescue Association worthwhile and rewarding.

**Mail completed application to:
ICRA – Volunteer Programs
P.O. Box 1093
Alameda, CA 94501**

**P.O. BOX 1093 • ALAMEDA, CALIFORNIA • 94501
TELEPHONE: 510-869-2584
WWW.ICRAEASTBAY.ORG**

VOLUNTEER WAIVER

I, _____ of _____
(your name) (your address)

am a volunteer performing services for Island Cat Resources & Adoption, hereinafter called ICRA. I understand and agree that these services are charitable in nature and entirely voluntary on my part, and that I will receive no remuneration of any kind for them.

I understand that if I drive a vehicle while performing ICRA duties, I am obligated to maintain, and to provide proof to ICRA of, my own automobile liability insurance.

I understand that ICRA does not maintain automobile insurance for volunteers. I understand that I must maintain my own comprehensive and collision insurance for any damage occurring to my vehicle; I understand that ICRA insurance does not pay for any damage incurred by volunteer vehicles while being driven on ICRA business or incurred by vehicles parked on ICRA premises.

I will indemnify, hold harmless, release, and defend ICRA from and against any and all actions, claims, damages, disabilities, or expenses that may be asserted by any person or entity arising out of or in connection with, my participation as a volunteer for ICRA. (For example, this includes any injury that may result from cat scratches and/or bites while I am trapping, transporting, medicating, fostering, adopting, or moving cats.)

This statement is executed freely and voluntarily, and with full knowledge by the undersigned.

Signature: _____ Date: _____