



With respect and compassion for all animal life, MEOW promotes lifelong relationships between people and companion animals, providing shelter and care for each precious life until adopted into a forever home.

Volunteer Application

(minimum age 18)

MEOW Cat Rescue cannot accommodate those seeking to fulfill court-ordered community service.

Date: _____ 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 yes, please explain:

Please list the names of and contact information for two references:

1. _____

2. _____

How did you hear about MEOW?

Why would you like to volunteer at MEOW?

Please list your current and former pets:

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

Are all pets current on vaccines? No Yes

MEOW is a nonprofit, no-kill cat shelter, requiring adoptive homes to agree to our indoor-only and no declaw 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 Section A if you are interested in volunteering for the following:

(check all that may interest you)

- Adoption Counselor Buddy Cat Cabbie Kennel Attendant Shelter Assistant
- Other _____

A. What days of the week are you available?

- Mon Tues Wed Thurs Fri Sat Sun AM or PM?

As a volunteer at the shelter, some of the following tasks **will** be a part of your regular routine: cleaning cages, sweeping and mopping floors, 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 Section B if you would like to provide foster care in your home:

- B. Do you live in:** Apartment Condo Duplex House Mobile Home

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

Property Owner/Manager: _____ Phone: _____

Please list **all** members of your 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 do you feel comfortable fostering?
- | | |
|--|---|
| <input type="checkbox"/> Adult cats | <input type="checkbox"/> Special needs cats/kittens |
| <input type="checkbox"/> Bottle babies | <input type="checkbox"/> Unsocial kittens |
| <input type="checkbox"/> Mothers & kittens | <input type="checkbox"/> Weaned kittens |
| <input type="checkbox"/> Pregnant cats | |

Signature _____ Date: _____