



VOLUNTEER APPLICATION

Please fill in all blanks completely and clearly. Thanks!

First Name _____ Last Name _____ Date _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

Email Address _____

Occupation _____ Work Phone _____

Employer _____ City _____

Emergency Contact Name _____ Phone _____

Volunteer Opportunities

Please check any volunteer activities that interest you.

Colony Cats:

- Feed once a week (mornings or afternoons) ___
- Substitute feeder – fill in for full-time feeders as needed

TNR:

- Trapping feral cats (usually mornings and evenings) ___
- Transport feral cats to clinics or back home ___
- Take care of feral cats in traps night before surgery at your home ___
- Recover feral cats in traps post-op one to two nights at your home ___

Foster Cats:

- Cats in enclosures who need medical care or need post op medical care ___
- Care for cats while waiting fo come to the LFFAC shelter ___
- Care for kittens who are under 8 weeks old who need time to grow before adoption ___
- Socialize under socialized kittens who need taming (training provided) ___

LFFAC Shelter:

- Provide care for cats and kittens (feed, socialize, and light cleaning) ___
- Monthly deep cleaning ___
- Transport cats/kittens to and from facility to vet clinics ___
- Outdoor yard maintenance (mow, weed, and rake) ___

- Pick up donated food __

Education:

- Help develop educational materials for public __
- Help prepare presentations __
- Help design and set up LFFAC displays in public places __

Public Events:

- Help plan fundraising and educational events __
- Host education tables with other volunteers __
- Public speaking __

Administrative:

Office Work __ Grant Writing __ Graphic Arts __ Website/Computer __
 Social Media __ Photography/Video __ Writing/Journalism __ Marketing __

How did you hear about LFFAC? _____

Please describe your experience with animals. _____

Describe any current or previous volunteer experiences. _____

How often are you interested in volunteering? _____

Are you bilingual (Spanish/English)? If yes, would you be willing to help us translate our literature into Spanish and communicate with Spanish speaking residents who need our help? __ Yes __ No

Availability to volunteer:

Weekdays __ Mornings __ Afternoon __ Evenings __
 Weekends __ Mornings __ Afternoon __ Evenings __

Please return the completed application to:

LFFAC, P.O. Box 2205, Longmont, Colorado 80502 or send to info@longmontfriendsofcats.org

For questions call 303-257-3706. Thank You. We will be in touch soon!

For LFFAC Use Only	
Attended Volunteer Orientation _____	Waiver Signed _____