## **VOLUNTEER FORM**



First Name	Last Name			
Date of Birth/	J			
Mailing Address		_ City	State	Zip
Phone (cell)	Second Phone	Eı	mail	
Name of workplace	Position_		Cross Streets	
Previous volunteer experience_				
Why do you want to volunteer w	vith Cat Cavorting?			
, ,				
	d former pets, including the	ir ages, lengths	of time owned, bre	eed:
Please list all of your current an	d former pets, including the	ir ages, lengths	of time owned, bre	eed:
	d former pets, including the	ir ages, lengths	of time owned, bre	eed:
	d former pets, including the	ir ages, lengths	of time owned, bre	eed:
Please list all of your current an				
Please list all of your current an	rats and kittens? A	Any limitations i		
Please list all of your current an  Are you interested in fostering of the state of	rats and kittens? A	Any limitations i		
	rats and kittens? A	Any limitations i		ter?
Please list all of your current an  Are you interested in fostering of the second activity (ies)?  Please indicate the areas that in Fundraising	rats and kittens? A	Any limitations i	in age/number in lit	ter?formation
Please list all of your current an  Are you interested in fostering of the second activity (ies)?  Please indicate the areas that in Fundraising	ats and kittens? /	Any limitations i	in age/number in lit	ter?

This waiver and release of liability, indemnification and hold harmless agreement is between the Volunteer and Cat Cavorting and its directors, officers, members, employees, agents, assigns, legal representatives and successors. I hereby understand and agree to the following: I agree to WAIVE and RELEASE Cat Cavorting from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteers volunteering for Cat Cavorting.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me and that this Agreement has important legal consequences.

Signature of Volunteer	 Date	
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