



## Volunteer Registration Form

**Cats In Bloom cat café**, a 501(c)(3) nonprofit organization run entirely by volunteers. As a volunteer, you will represent Cats In Bloom and help advance our vision and mission to save cats' lives, alleviate animal suffering and provide humane education. We are grateful for your involvement.

Anyone who wants to volunteer in the café must complete this form and attend an orientation session (time to be announced).

**Volunteers must be at least 12 years old and accompanied by a responsible adult.** If you are not at least 17 years old, both individuals must complete this form. In addition to this form, you will need to complete a waiver. Anyone under the age of 17 must have a parent sign the waiver.

Volunteers make all the difference in the lives of our cats and in the smooth running of our café! We need volunteers for a variety of tasks, including:

- Café Staffing (during closed and opened hours)
- Cat/site care (i.e. cleaning, feeding, socialization, vet appointments, etc.)
- Building maintenance/design
- Social media/photography
- Fundraising/Event planning
- Fostering
- Marketing
- And much more....

**Please complete the volunteer form in its entirety.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email address \_\_\_\_\_

Do you have volunteer experience? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please explain: \_\_\_\_\_

What prior experience do you have in cat care/cat behavior? \_\_\_\_\_

I can contribute skills/experience in the following (select all that apply)  
\_\_\_\_ cleaning      \_\_\_\_ fostering      \_\_\_\_ fundraising  
\_\_\_\_ marketing      \_\_\_\_ finances      \_\_\_\_ computer/IT technology  
\_\_\_\_ photography      \_\_\_\_ event planning      \_\_\_\_ other (please specify)

If you are interested in volunteering specifically at the café, would you prefer during:  
open hours: \_\_\_\_\_  
closed hours: \_\_\_\_\_  
either: \_\_\_\_\_

Do you have any medical condition(s), such as allergies, that could be aggravated by exposure to high concentrations of animals or cleaning products? YES NO  
If yes, please specify  
\_\_\_\_\_

Emergency Contact Person  
\_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Why are you interested in volunteering at Cats In Bloom?  
\_\_\_\_\_

Do you need to volunteer to complete a required project/obligation/community service?  
If so, what is it? \_\_\_\_\_

Are you requesting to volunteer for community service through the courts of the Commonwealth of Pennsylvania?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, what was/were the original charge(s).  
\_\_\_\_\_

Do you own a dog(s) or cat(s)? YES NO

If you own a dog and/or cat, what are your responsibilities for them? \_\_\_\_\_  
\_\_\_\_\_

References: (No family members)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Cats In Bloom Volunteer Agreement

If accepted as a Cats In Bloom volunteer, my signature below indicates that I have read, understand, and agree to the following:

- I will treat all animals, other volunteers and the public with respect, and I will work as a team member with all.
- I will abide by all Cats In Bloom policies and procedures and follow the directions/instructions of the cafe.
- I agree to be supervised by any appropriate volunteer and will report any problems that arise directly to the appropriate person.
- I understand the possible risk of bringing home illnesses from the cafe to personal pets or vice versa and must have current vaccinations for animals at home.

- I understand the potential safety risks of working with animals and that **I may not bring friends or relatives with me while volunteering at the cafe unless previously approved.**
- I understand the potential safety risks of working with animals and that **I may not bring children under the age of twelve (12) with me while I am volunteering.**
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I understand that Cats In Bloom relies on me to be present for all my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to provide advance notice to the appropriate individual of any such shift changes.
- I authorize Cats In Bloom to seek emergency medical treatment for me in case of accident, injury, or illness.
- I understand that I may not give my key code to anyone else to enter the building. If I fail to abide by this, I will be terminated from my volunteer duties immediately.
- I agree to indemnify and hold harmless Cats In Bloom, its Board of Directors, officers, and agents from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by Cats In Bloom, its Board of Directors, officers and/or agents.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by Cats In Bloom from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Board of Directors.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_