



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: _____