



FERAL CAT FOCUS INC.

P.O. Box 404, East Aurora, NY 14052

1-888-902-9717 (toll-free) ~ www.feralcatfocus.org

VOLUNTEER INTEREST FORM

Date: _____

Name: _____

Mailing Address (include Apt. #): _____

Town: _____ State: _____ Zip: _____

Email: _____

Home Phone (with area code): _____

Cell Phone (with area code): _____

PLEASE INDICATE YOUR AREA(S) OF INTEREST (check all that apply):

(* *We use volunteers in all the areas below but these are especially important and needed.*)

___ Caring for Feral Cat Colonies (*)

___ Fundraising (*)

___ Humane Trapping (*)

___ Loan Humane Traps (*)

___ Phone Volunteer (*)

___ Temporarily Hold Feral Cats (*)

___ Transport Cats to Spay/Neuter Clinic (*)

___ Build Feeding Stations/Shelters

___ City Buffalo Block Club Coordinator

___ Community Cat Coordinator

___ Educator/Teaching

___ Make Trap Liners & Covers

___ Placement Coordinator

___ Research

___ Socialize Feral Kittens

___ Store or Transport Food & Supplies

___ Other (do you have another skill to lend?) _____

IN WHAT AREAS OF WESTERN NEW YORK ARE YOU ABLE TO VOLUNTEER?

(we provide support and services throughout Western New York)

___ Erie County (specify): ___ City of Buffalo ___ Northtowns ___ Southtowns

___ Other County (specify): _____

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:

1. Do you believe in TNVR (Trap-Neuter-Vaccinate and RETURN)? Yes No
2. Do you have a truck, trailer or van to assist with various transportation needs?
 Yes No
3. Would you be willing to loan out humane traps? Yes No
4. Do you have a storage area for feral cat supplies? Yes No
5. Have you ever cared for a colony of feral cats before? Yes No
6. Are you currently caring for a colony of feral cats? Yes No
7. If Yes, how many? _____ Are they spayed/neutered? Yes No
8. Have you ever humanely trapped feral cats before? Yes No
9. Have you ever socialized a feral kitten before? Yes No
10. Do you have accommodations to hold feral cats before or after a spay/neuter clinic? (must have a warm, dry area) Yes No
11. Do you like working with people and communicate well? Yes No
12. Does fundraising fit your interest? Yes No

WHEN WOULD YOU PREFER TO ATTEND VOLUNTEER ORIENTATION?

On a Weeknight On a Weekend

BY SUBMITTING THIS APPLICATION:

1. I certify that the information in this form is complete and accurate.
2. I agree with and accept the mission statement set forth by Feral Cat FOCUS to develop and promote safe, non-lethal, and humane control programs for feral and free-roaming community cats.
3. I agree to follow Feral Cat FOCUS rules, policies, procedures, and guidelines as directed by the Board of Directors, Staff and Volunteer Coordinator.
4. I understand that Feral Cat FOCUS or myself may terminate my volunteer services at any time.

Applicant Signature: _____