



Dane County Friends of Ferals
627 Post Road, Madison, Wisconsin 53713
(608) 467-4067 #3 volunteer@daneferals.org
www.daneferals.org

— Volunteer Application —

General Volunteer Information

- Volunteers must be at least 18 years old (Children 14 and older can volunteer with an adult. All minors must fill out a separate application which is signed by their legal guardian.)
- Have formal identification

Name: _____ Age: _____ Date: _____

Address (No P.O. Boxes, please): _____

City: _____ State: _____ Zip code: _____

Home phone: () _____ Work phone: () _____

Cell phone: () _____ E-mail address: _____

Are you (select): Employed Retired Student Other

Company/Employer _____ Position/Title _____

How long have you been at your current position: _____

Emergency Contact: _____ Relationship _____

Phone number: _____

Describe present and previous volunteer jobs:

What is your level of education: _____

Have you been convicted of any criminal offense? ___ Yes ___ No

If so, please explain the nature of the crime and the date of the conviction and disposition.

(Note: Conviction of a crime is not an automatic disqualification for volunteer work.)

Do you have a valid Wisconsin driver's license? ___ Yes ___ No

Do you have car insurance? ___ Yes ___ No

How did you hear about volunteering with DCFOF?

Why are you interested in becoming a DCFOF volunteer?

VOLUNTEER OPPORTUNITIES

Please check the categories and/or specific examples of volunteer opportunities in which you are interested in participating (you will be provided necessary training):

_____ Adoption Fairs - Saturday and Sunday adoption fair assistants help with the set up/ break down of the fair equipment, talk to potential adopters about the cats on display and the work of DCFOF and assist potential adopters in filling out applications

_____ Care Staff- Clean cages, feed and water the shelter cats. Requirements: Age 18 years or older. Schedule: 2 hour shifts either once a week (weekdays) or twice a month (weekend). Skills: Basic animal handling skills. The ability and desire to interact with the public, a positive attitude and reliable attendance.

_____ Office & Organization- duties include assisting in various departments with word processing, mailings, phone calls, photocopying and other clerical duties.

_____ Educational Outreach– Attend community events with educational outreach materials. Plan educational seminars. Plan educational campaigns on animal welfare issues.

_____ Promotions & Marketing- Create newsletters, flyers, posters, write/send press releases to the media.

_____ Socialization of cats - Requirements: Age 18 years or older. Schedule: 2 hour shifts. Skills: Basic animal handling skills. The ability and desire to interact with the public, a positive attitude and reliable attendance.

_____ Special Events & Fundraising- Plan and/or volunteer at special event fundraisers, brainstorm events and opportunities and maintain ongoing fundraising efforts.

_____ Transportation- Take cats to their new homes, veterinary appointments or other places. Must have a valid driver's license.

_____ The Trap/Neuter/Return program- Setting live traps, picking up trapped cats and transporting them to participating veterinarians and/or transporting cats from the veterinarian's office back to their homes.
Requirements: Age 18 years or older , Valid Driver's License, Skills: Basic animal handling skills

_____ Veterinarian Assistants- Duties include medicating cats, prepping animals for surgery and restraining animals during examinations.

_____ Any other skills or talents you wish to share or you would like to learn

_____ Foster- Foster Parents care for cats that need time in a home setting before they are adoptable. Potential foster animals are cats that need to be socialized beyond what can be done in the enclosure setting, young kittens who need to be hand fed, pregnant mothers, mothers with kittens and cats recovering from injury or illness. Some cats simply need time away from the stressful shelter environment.

FOR FOSTERS ONLY

Household Information

Do you own, rent, live with a friend or a relative? If you are staying with a friend or a relative they are considered your landlord.	If you rent, please provide your landlord's name and telephone phone number.
Names and ages of all adults in the household	Is everyone in your household aware that you are interested in fostering animals? YES NO
Number and ages of all children in the household:	If you or any members of your household are allergic to cats, how will you address this issue?

Current Pet Information

Animal's name	Species/Breed	Age	Sex (Spayed or Neutered?)	Indoor/Outdoor	Health	Temperament
Name, address and telephone of your current clinic or veterinarian or the veterinarian you have used within the past 5 years				Are your pets current on their rabies and distemper vaccinations? YES NO UNSURE		

Foster Care Information

Do you have the ability to isolate the fostered animal in a separate room if needed? YES NO UNSURE If yes, please describe:	Will you be able to bring your foster cats/kittens to adoption fairs at least 2 times per month (preferably more) when they are adoptable? YES NO
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Fostering Areas (please mark those of interest)

<input type="checkbox"/> Upper Respiratory Infection cats or kittens.	<input type="checkbox"/> Only tame adult cats
<input type="checkbox"/> Undersocialized/semi-tame kittens.	<input type="checkbox"/> Only tame kittens/young adults
<input type="checkbox"/> Queens and kittens/pregnant queens	<input type="checkbox"/> Semi-tame adults for socialization
<input type="checkbox"/> Orphan kittens	<input type="checkbox"/> Special needs (FIV+, FELV+ and other medical)

Are you comfortable giving an animal medication if needed? YES NO UNSURE

Volunteer Signature

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in losing the privilege of volunteering through this organization. I understand that Dane County Friends of Ferals has the right to deny my request to volunteer. I authorize investigation of all statements and credentials in this application

Signature _____ Date _____

If applicant is a minor, signature of their legal guardian

Signature _____ Date _____

Foster Signature

By signing below, I certify that the information I have given is true, and I realize that any misrepresentation of facts may result in my losing the privilege of fostering pets. I understand that DCFOF has the right to deny my request to foster animals for any situation that would be contrary to the organization's policies, in violation of state or local ordinances, or not in the best interest of the animal. I authorize investigation of all statements in this application. I also authorize my veterinarian to release any information requested by your agency. I understand that foster animals are the property of the DCFOF and are released to my direct care. I am not allowed to release the animal from my care for any reason during the foster period, except to the DCFOF, unless arrangements have been made directly with the Foster Coordinator. I understand my pets, my family and I and may be at risk for contracting diseases or injury from foster animals. DCFOF is not responsible for the medical treatment of fosterers' pets, family members, or fosterers if they become ill or injured as a result of participation in the foster program. By fostering for FoF, I agree to follow our medical protocols. Should you take the cat to an outside veterinarian, I will be solely responsible for the bill unless PRIOR arrangements have been made with a DCFOF veterinarian. Any submissions for reimbursement must be done within 30 days. I understand the DCFOF does not guarantee the health or temperament of any foster animal. Furthermore, I release Dane County Friends of Ferals from any veterinary bills and/or medical bills incurred without prior authorization from the President or DCFOF Veterinarian.

Signature _____ Date _____

If applicant is a minor, signature of their legal guardian

Signature _____ Date _____