



Feral Feline Friends

of East Tennessee

Volunteer Application

All fields are required to be filled out accurately prior to becoming an FFF volunteer.

Are you at least 18 years old? ___Yes ___No If under 18, how old? _____

Name: _____

Mailing Address: _____

Apt or Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Cell Telephone: _____

E-mail Address: _____

Name of person to contact in case of an emergency:

Last Name: _____ First Name: _____

Relationship: _____

Telephone Numbers to call: Day: _____ Evening: _____

Information about your employment or school:

Employer or School: _____

Position or Grade: _____

Information about your volunteer interests:

Please describe why you are interested in volunteering

Information about your interests/skills/experience and availability:

Would you prefer to volunteer: _____ with cats _____ with dogs

_____ In support areas...please denote which specific area (fund raising, phone calls, etc.):

Please list your experiences or skills that relate to the preference indicated previously:

Please list your current or previous volunteer roles:

Please circle the most appropriate day and shift that you would be available to volunteer:

Mornings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Afternoons: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Evenings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Volunteer Signature _____ **Date** _____