



The Feline Fix Volunteer Application

Welcome to the world of The Feline Fix, and thank you for your interest in volunteering. We are one of the leading spay and neuter organizations for community cats in the Denver metropolitan area. Our values include compassion, efficiency, quality, safety, and commitment. Our success in caring for more than 40,000 cats over the last decade is in large part due to the devotion of our volunteers.

Our volunteers help us in a multitude of ways as the eyes, ears, and hands of our organization. Some volunteers directly help care for our felines within the medical spay and neuter clinic. Others are humane trappers who help provide essential care for many of our community cats. Many choose to take kittens into their hearts and homes by fostering and socializing them so they can be adopted.

Some volunteers help weekly. Others help us more sporadically on an as-needed basis. Think about how you want to volunteer with The Feline Fix, and how much time you can devote to helping our community cats. Please fill out the application below and either email it back to us or bring it into your volunteer orientation.

Volunteer orientation is held monthly at The Feline Fix. We are located at 6075 Parkway Drive, Unit 185, Commerce City, CO 80022. Call 303-202-3516 or email info@thefelinefix.org to confirm the date for the next orientation session.

**Thank you for your interest in The Feline Fix and for making a real difference for the cats in our community.
We look forward to working with you in the future!**



Please fill out and send completed application to nicole@thefelinefix.org

Date: _____

Name: _____

Age: (if under 18years) _____

Address: _____

City: _____ ZIP: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

How did you find out about The Feline Fix? _____

Do you have dogs and/or cats at home? YES NO

Are they spayed or neutered? YES NO

Do you have a valid Colorado driver's license? YES NO

Do you have a car and would you be willing to drive it as part of your
volunteer work? YES NO

Is the car you would be driving be covered by liability insurance?

YES NO

Have you ever been convicted of a felony offence? YES NO

If yes, please explain:

Are you presently employed? YES NO RETIRED OTHER

Describe previous volunteer experience:

Special skills, certifications, licenses, training:



Do you speak Spanish?

Please indicate the times and days of the week that you are available to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

Are you available regularly each week? YES NO

After reading the volunteer descriptions, please tell us where you are interested in volunteering:

Clinic Assistant

Foster Parent

Education and Outreach

Fundraising and Event Support

Administrative Assistant

Volunteer Trapper

I give permission to The Feline Fix to verify the above information and will comply with the expectations as outlined for The Feline Fix volunteers.

Signature: _____

Date: _____

It is the policy of The Feline Fix to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application and for your interest in volunteering with us.



Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.

Volunteer Name: _____

Primary Phone: _____

Email Address: _____

Address: _____

Primary Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Primary Phone: _____

Comments (include any special information you would want an emergency care provider to know):

Signature: _____

Date: _____