



SPAY/NEUTER
THE
RESPONSIBLE
SOLUTION

Cats Angels, Inc. SPCA | P.O. Box 16072 | Fernandina Beach, FL 32034
904.321.2267 | www.catsangels.com

VOLUNTEER APPLICATION

NAME (Please print) _____

ADDRESS: _____

Email (Cats Angels use only): _____

PHONE #: _____ EMPLOYER: _____

PERSONAL reference name & Phone #: _____

Please check applicable box(es):

- Under 18 years of age, you can only volunteer in the adoptions center under supervision of an adult.
- Over 18 years Thrift Store Adoption Center

Day(s) & Times you can volunteer: _____

WAIVER OF RESPONSIBILITY

I, the undersigned volunteer, acknowledge that my contact with cats, kittens or other animals while performing volunteer work may expose me to scratches, bites and/or other possible injuries. I undertake my volunteer work willingly and of my own accord. I hold Cats Angels, Inc. SPCA and/or any retail stores, off-site adoption organizations, locations or events at which I assist, harmless and free from any responsibility for any injuries that I may incur in my volunteer work. **IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN.**

Name of volunteer (printed)

Volunteer signature

Parent/Guardian name (printed)

Parent/Guardian signature

Date

Follow-up done