



OUR MISSION

With respect and compassion for all animal life, MEOW promotes lifelong relationships between people and companion animals, providing shelter and care for each precious life until adopted into a forever home.

Volunteer Application (minimum age 18)

Name: _____ Primary Phone: _____

Address: _____ Secondary Phone: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Date of birth: _____

Occupation: _____ Employer: _____ Work Phone: _____

Spouse Occupation: _____ Employer: _____

Do you have any allergies or physical, medical (including pregnancy), psychological limitations or disabilities that might hinder you from safely performing any potential duties? Yes No If yes, please list: _____

Please list any formal education, training, and/or experience in pet care or animal welfare: _____

Have you ever been charged or convicted of felony or misdemeanor animal abuse? Yes No
If yes, please explain: _____

How did you hear about MEOW? _____

Why would you like to volunteer? _____

Have you ever adopted from an animal shelter? Yes No

If yes, Shelter Name: _____ When _____ Cat Dog Other

Please list pets you have had - include current and former pets:

Type	Breed	Age	Sex	S/N	How long owned?	Indoor/Outdoor?	What happened to it?

Are all pets current on vaccines? Yes No

MEOW is a nonprofit, no kill cat shelter, requiring adoptive homes to agree to our no declaw and indoor only policies. Do you have questions about these requirements? Yes No

Since you may be handling animals, it is important that you discuss tetanus vaccination with your physician.

Please complete Section A if you are interested in volunteering for the following:

(check all that apply)

Adoption Counselor Kennel Attendant Shelter Assistant MEOW Buddy Office Assistant

Special Events Adoption Support Medical Care Asst MYM Assessor TNR Assistant Other

A. How often would you like to volunteer? Once/week Twice/week Every other week

Other (explain)_____

What days of the week are you available?

Mon Tues Wed Thurs Fri Sat Sun AM or PM?

As a volunteer at the shelter some of the following tasks **will** be a part of your regular routine:

Cleaning cages, sweeping and mopping floors, handling cats, disinfecting carriers, cleaning dishes and litter pans, laundry.

Are there any tasks listed that you would not be able to perform? Yes No

If yes, please explain_____

Complete Section B if you would like to provide foster care in your home:

B. Do you live in: House Apartment Condo Duplex Mobile Home

Do you: Own Lease Rent Are there any pet restrictions:_____

Property Owner/Manager:_____ Phone:_____

How long at this address?_____ Do you plan to move within the next 6 months? Yes No

Do you live with: Spouse Roomate(s) Parents Alone Other

Please list all members of household:

Name_____ Age_____ Name_____ Age_____

Name_____ Age_____ Name_____ Age_____

Are there any children not listed above who visit frequently? Yes No Ages:_____

How many hours a day will your fosters spend without a human?_____

Do you have a separate area or room for fosters? Yes No

Where will your foster(s) be when you are home?_____ When left alone?_____ At night when sleeping?_____

Have you ever fostered before?_____ If so, for whom and when?_____

Who do you feel comfortable fostering? Pregnant Mother & kittens Weaned Kittens Bottle Babies

Adult Cats Special needs cats/kittens Puppies Adult Dogs