

Cats In Need



Teen Volunteer Information Form

Full Name		
Date of Birth:	Age:	Grade:
Street Address:		
City	Zip	Home Phone
Email		Cell Phone
Why do you want to work with Cats In Need?		
If you are here through a volunteer/school program, please indicate the following:		
Organization/School:	# Volunteer Hours Needed:	
Address:		
Name of Contact Person:	Contact's Phone:	
Contact's Email:		
Are you interested in being a year-round volunteer? _____ Yes _____ No If NO, please explain: _____		
Are you interested in remaining with Cats in Need for a limited time? If YES, duration? _____		
Do you Drive: _____ Yes _____ No If No, how will you travel to your Cats In Need work site? _____		
Do you have any allergies, medical conditions, or special needs that Cats In Need should be aware of for your safety and care? _____ Yes _____ No If YES, please explain:		