



TAMPABAY CAT ALLIANCE, INC.
Email: voltbca@gmail.com Shelter 727-203-3813
VOLUNTEER FORM

NAME _____ TELEPHONE# _____ Date: _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS: _____ Age: _____

EMERGENCY CONTACT: NAME _____ NUMBER _____

ARE YOU EMPLOYED _____ OCCUPATION _____

CURRENT VOLUNTEER / MEMBER OF ANY ORGANIZATION _____ NAME _____

DO YOU OWN ANY PETS? _____ TYPE: _____

WHY WOULD YOU LIKE TO VOLUNTEER AT OUR SHELTER: _____

DO YOU HAVE ANY EXPERIENCE WITH THE FOLLOWING?

- _____ COMPUTER EXPERIENCE/KNOWLEDGE
- _____ FUNDRAISING
- _____ LEGAL/TAX EXPERIENCE
- _____ BUSINESS SKILLS
- _____ ARTS/CRAFTS
- _____ CARPENTRY/BUILDING
- _____ KENNEL/VET TECH

WOULD YOU BE WILLING TO VOLUNTEER IN ANY OF THE AREAS CHECKED ABOVE _____

WHICH ACTIVITIES? _____

WE ARE ALWAYS IN NEED OF HELP FOR OUR FURRY FRIENDS, SUCH AS VETS, CLINICS, PUBLISHERS, BUSINESS OWNERS, ETC. DO YOU HAVE ANY CONTACTS THAT COULD HELP US YOU WOULD BE WILLING TO SHARE?

WE ARE ALWAYS SCHEDULING EVENTS, SUCH AS FLEA MARKETS, ADOPTIONS, AND CAT SHOWS, TO NAME A FEW. DURING THESE EVENTS WE DEPEND ON OUR VOLUNTEERS TO HELP. WOULD YOU BE WILLING TO HELP OFFSITE? _____

IF WE HAVE SOCIAL INTERACTIVE EVENTS AT THE SHELTER OR OFFSITE TO EDUCATE THE COMMUNITY ABOUT OUR ORGANIZATION WOULD YOU BE WILLING TO PARTICIPATE (story reading, craft projects, face to face sponsorship drives etc) _____

APPROXIMATE AMOUNT OF TIME PER WEEK/MONTH YOU ANTICIPATE BEING ABLE TO DONATE VOLUNTEER TIME: _____