

Crash's Landing & Big Sid's Sanctuary

cat rescue and placement centers

Volunteer Application

Name	Birthday (month & day)	Today's Date
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Address	City	State	Zip
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Home phone	Work phone	Cell phone	Please designate preferred contact number with an *
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Email address (Required as it is our main means of communication.)	How often do you check your email?
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How did you hear about Crash's Landing? _____

Why do you want to volunteer here? _____

What days and times would you be able to volunteer? _____

Do you have any special skills/talents that you would be willing to put to use for Crash's Landing?

Please list three references. Note: At least one should be animal related.

Reference 1	Type of Reference	Phone
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Reference 2	Type of Reference	Phone
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Reference 3	Type of Reference	Phone
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VOLUNTEER REQUIREMENTS

Please check each (double click the box and select "checked").

- I have access to email. My pets are spayed or neutered and current on all vaccines.
- I understand that there is a time commitment of 3 to 4 hours for AM shifts,
3 hours for PM shifts, and 2 to 3 hours for afternoon shifts.
- I understand I must be able to scoop litter boxes and refill/change food and water which both require bending and lifting.
- I have included my pet's treatment history from my vet or my vet's office phone number and authorize Crash's representative to call for their treatment history.

Vet's Phone:

(This is only required if your vet is someone other than Dr. Jen Petrovich)

FOR STAFF USE ONLY

Shelter	Day	Time	Shift Type
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Shelter	Day	Time	Shift Type
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