

**Habitat for Cats Trap-Neuter-Return Clinic  
Volunteer Application**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Email:** \_\_\_\_\_

**Cell phone:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Emergency contact: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Prior experience (e.g. with feral cats, surgery, or medical procedures):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:** \_\_\_\_\_  
\_\_\_\_\_

**I confirm that I am 18 yrs or older and that I have health insurance in case of injury.  
Please sign here:** \_\_\_\_\_

**How often can you volunteer at a Wednesday clinic (at least two times per month)?** \_\_\_\_\_

**Can you volunteer for a Friday or Sunday morning clinic?** \_\_\_\_\_

**Do you have a time limit (we usually start at 8:30 and end anywhere between 12 and 2:30)?** \_\_\_\_\_

\_\_\_\_\_