



# S.O.S.C.A.T.

Sutherlin-Oakland Stray Cat Action Team



*IMAGINE all the kitties finding forever homes...™*

Sutherlin-Oakland Stray Cat Action Team

[www.soscat.org](http://www.soscat.org)

[soscat.org@gmail.com](mailto:soscat.org@gmail.com)

(541) 581-0381

SOSCAT, P.O. Box 354, Oakland OR 97462

Dear Prospective Volunteer,

Thank you for your interest in volunteering for SOSCAT.

Your time is one of the greatest gifts you can give. Volunteers are very special and valuable to us. We have no paid staff in our organization. Without our volunteers, SOSCAT simply does not function. Our Board of Directors, and your fellow volunteers, welcome you and will assist you in any way we can.

Please feel free to contact us with any questions or concerns. It is our personal desire to make sure your time spent at SOSCAT is rewarding and fun! Thank you for completing this application, and for all that you will do to improve the lives of the cats in our care.

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## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you at least 18 years of age? (Circle one) Yes No

Why do you want to be an SOSCAT Volunteer?

There are a variety of volunteer jobs and responsibilities. Which of the following would you be interested in doing? (Check all that interest you)

- Foster Home
- Foster Care Assistant (Cleaning, Medications, Food, Water, etc)
- Grooming Cats/Nail Clipping
- Socializing Cats (Petting and Playing)
- Computer/Internet Work
- Laundry
- Recycling Cans/Bottles
- Transportation of Cats
- Errand Driver
- Setting Live Traps
- Surgery Recovery
- Fund Raising (Representing SOSCAT at Community Events, Garage Sales, etc)
- Grant Writing
- Newsletter Writing
- Facility Construction and Repairs
- Other (Please explain) \_\_\_\_\_

What days and during what hours can you volunteer? (Check all that apply)

- Mon → Hours Available: \_\_\_\_\_
- Tue → Hours Available: \_\_\_\_\_
- Wed → Hours Available: \_\_\_\_\_
- Thu → Hours Available: \_\_\_\_\_
- Fri → Hours Available: \_\_\_\_\_
- Sat → Hours Available: \_\_\_\_\_
- Sun → Hours Available: \_\_\_\_\_

Do you have any limitations that would make any volunteer job difficult for you?

Do you have any special talents or interests that you would like to incorporate into your volunteer responsibilities?

## Volunteer Consent & Release Form

I (print full name), \_\_\_\_\_ would like to participate as a volunteer for SOSCAT. I do so entirely upon my own initiative, risk and responsibility, and with the understanding working directly with cats may be dangerous.

In consideration of the permission extended to me by SOSCAT, through its officers and agents, I hereby, for myself, my heirs, my executors and administrators, release and discharge SOSCAT, its officers and employees from all claims, demands, actions or causes of action, on account of any injury to me which may occur during the care of any cat, and/or while involved in any activity as a volunteer for the organization.

I understand that my volunteer work at SOSCAT is strictly voluntary and that I will receive no benefit or compensation of any kind. I understand that I volunteer at the pleasure of SOSCAT, and my volunteer status may be terminated at any time at the sole discretion of SOSCAT. I certify that I am able to perform the volunteer work I have selected.

In case of an emergency, I understand that every effort will be made to contact the person listed below. In the event that my emergency contact person cannot be reached, I understand SOSCAT will procure the appropriate care needed to attend to my injuries.

### Emergency Contact Information

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

Relationship: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**I have read, understand, and agree to the above Consent/Release statements, and do sign this agreement of my own free will.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian if a Minor (under 18):

\_\_\_\_\_

Date: \_\_\_\_\_

Names & Ages of Minors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_