VOLUNTEER FORM

Name: _____

Mailing Address: _____

City/Town:_____ Province:_____ Postal Code:_____

Cell Phone: (_____)_____-_____ Home Phone: (_____)_____-_____

Email address: _____

Band City Stray Cat Rescue and Protection Society Inc. (SCRAPS) periodically emails updates, news, events and volunteer information.

☐ I do not wish to receive electronic communication from the Band City Stray Cat Rescue and Protection Society Inc. (SCRAPS).

How do you prefer to be contacted: ☐ Phone ☐ Email

☐ I would like to become a volunteer with SCRAPS

Are you over the age of 18? ☐ Yes ☐ No

If under the age of 18, please provide your birth year and month so we can match you with age-appropriate activities

- Year: _____ Month: _____

Please tell us a bit about why you'd like to volunteer with SCRAPS:

Please list any other volunteer experience:

Please indicate your area(s) of interest:

▢ 9-Lives Boutique Store Shifts ▢ Cat Cuddling (during store shifts) ▢ Fundraising ▢ Ticket and Raffle Sales ▢ Craft Committee ▢ Financial Committee	▢ Fostering Cats and/or Kittens ▢ Building Shelters & Feeding Stations ▢ Promotion, Education, and Publicity ▢ Recycling pick-up/drop-off to Sarcan ▢ _____

Do you currently own any pet(s)? Yes ▢ No ▢

Dog(s)_____ Cat(s)_____ Other(s)_____

Are your pets spayed/neutered? Yes ▢ No ▢

As a SCRAPS volunteer, I will:

- Endeavor to serve the objective, policies, and procedures of the organization
- Endeavor to promote the values of animal welfare to the best of my abilities
- Endeavor to encourage others to comply with animal welfare laws
- Respect my fellow volunteers
- Abide by the decisions of the majority of the membership
- Maintain a professional manner when representing SCRAPS

_____

Signature

_____

Date