



Maverick Cat Coalition

Box 72051, Old Orchard P.O.
Burnaby, BC V5H 4P9

VOLUNTEER APPLICATION

Date:

Name:		Address:	
Home Number:		Work Number:	
Where is it best to reach you:		Home	Work Both
Email/Other Contact Info:			
Hours/Days Available/Preferences:			
What is your birthday: (Month/day only)			
This is for Student Service		This is for Court-Ordered Service	
PLEASE CIRCLE AREAS OF INTEREST			
TRAP/NEUTER/RETURN PROGRAM			
Trap Cats	Feed Cats	Distribute and Store Traps/Carriers	
Transport	Coordinate Your Area	Distribute and Store Cat Food	
Photograph	Solicit Food Donations	Construct and Build	
FOSTER CARE/ADOPTIONS			
Foster nursing moms and kittens until weaned		Foster nursing moms and kittens until weaned	
Adopt out cats and/or kittens		Adopt out cats and/or kittens	
ADMINISTRATION			
Coordinate Volunteers	Distribute Publications	Screen Calls	Administer Website
Recognize Volunteers	Produce Newsletter	Support Computers	Board Member
FUNDRAISING			
Coordinate Events	Provide Craft Products	Plan Shelter	Sell Products
Write Grant Proposals	Staff Events	Manage Stewardship Program	
PUBLIC RELATIONS			
Staff Info Booth	Educate the Public	Speak to the Media	Scan Newspapers
Why would you like to volunteer for us? What do you hope to gain from the experience?			
Previous experience in animal rescue/relevant experience or affiliations with other animal groups?			

I certify that the information provided in this volunteer application are true and correct.

Signature

Date

This information will remain confidential and is used ONLY for Maverick Cat Coalition business.