

Neonatal Kitten Nursery

Volunteer Application & Agreement

Name:	Date of Birth:	/Date://
Address:	City:	Zip Code:
Home Phone:Wor	k Phone:	_ Cell Phone:
E-mail:	Junior Pet Cad	et 🗖
Are you currently a volunteer at the Animal Co	enter? YES NO	
Are you currently or have you ever been in ar	ny foster or rescue programs?	YES NO If you circled YES please list
organizations		
Do you have any neonatal kitten bottle feedin	g experience? Yes NO	
Do you have any known allergies? YES NO In case of an emergency, please list 3 people the	·	llergies
Name Phor	ne	Relationship
Name Phone	9	Relationship
Name Phon	e	Relationship
*Please initial after reading each statement The Neonatal Kitten Nursery is a 24-hour, 7 day a week staff and volunteer run operation. In an effort to make our program rur efficiently, volunteers are scheduled a minimum of one, 2 hour shift per week. Each volunteer is assigned to a specific area of the nursery at each shift. Volunteers are rotated into new areas as their training/skill level is completed. Some areas of the nursery may require a longer time commitment		
To prevent the spread of disease and ensure the health of our most fragile population, staff and volunteers must follow strict sanitation and feeding protocols		
While volunteering in the nursery you may be f similar animal noises. Volunteers are frequentl diseases or allergens. Volunteers may occasion disinfectants	y exposed to outside variable w	veather conditions, and potentially infectious
For safety reasons volunteers must wear close	ed toed shoes, long pants and v	olunteer shirts at all times
All volunteers must be 18 years of age. Junio r guardian at all times . The nursery is a fast pacton concerns please speak to a staff member.	aced environment and can be e	ge and must be accompanied by a parent or motional or stressful. If you have questions or
By signing this form, you agree to the above st	atements and certify that the ar	nswers given above are true.
Signature:		Date://
Parent or quardian signature:		Date: / /