



Volunteer Application

Date _____

Name: _____

Email address: _____

Home phone or cell (please indicate which) _____

Home address: _____ City: _____ Zip: _____

Occupation: _____

Employer: _____ City: _____

Emergency contact: _____ Phone _____

Volunteer Opportunities

Please check volunteer activities of interest. Training will be provided when needed.

Colony Cats

- Feed (mornings)

TNVR

- Trap feral cats (usually mornings and evenings)
- Transport feral cats to clinics and/or back
- Care for feral cats in traps the night before surgery at your home
- Recover feral cats in traps post-op one to two nights at your home

Foster cats or kittens

- Care for cats and kittens in enclosures who need medical care or are post-op
- Socialize kittens through touch, play, and human contact

At the LFFAC facility

- Clean
- Feed cats
- Socialize feral kittens
- Help take care of facility grounds (mow, weed, trim bushes or trees, shovel snow, etc.)

Public Events

- Work with other volunteers at events
- Help plan fundraising and educational events
- Host education tables with other volunteers
- Speak publically and do research for presentations

Food and Supplies

- Solicit donations
- Pick up and drop off

Administrative

- Perform office work (data entry, filing, mailings)
- Write grants and/or search for potential grants
- Provide social media outreach or web fundraising
- Provide Information Technology services
- Photograph cats and group activities – still and video
- Write (creative writing, marketing materials and journalistic pieces)
- Bilingual Spanish and English (written and conversational)
- Create graphic designs
- Share marketing expertise
- Provide handyman, carpentry, construction, and other skills

How did you hear about LFFAC?

Please describe your experience with animals.

Describe any current or previous volunteer experiences.

How often are you interested in volunteering? Availability to volunteer:

___ Weekdays: ___ morning ___ afternoon ___ evening

___ Weekends: ___ morning ___ afternoon ___ evening

Please return the completed application to:

LFFAC, P.O. Box 2205, Longmont, CO 80502 or info@longmontfriendsofcats.org

For questions, please call 303-257-3706. Thank you!

LFFAC use only: contacted on _____ via e-mail__ phone __ notes_____