

**ST. CATS & DOGS INC.**  
**Nay Aug Zoo- Scranton, Pa. 18510**

**VOLUNTEER APPLICATION**

\*Please PRINT or TYPE all responses, and complete the application in its entirety.\*

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

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

City, State, Zip: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_

Supervisor Reference: \_\_\_\_\_

Are you at least 18 years of age? ☐ Yes ☐ No

Do you know anyone who volunteers at St. Cats? ☐ Yes ☐ No If yes, who? \_\_\_\_\_

Have you ever volunteered at another rescue? Name(s): \_\_\_\_\_

- 1) Why are you interested in volunteering with us? (Please also let us know if you are seeking to fulfill a service requirement, including hours and deadline.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Please provide details on any experience you have with animals, any special skills or qualifications, any limitations, or any other information you wish to provide:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Do you have any allergies to cat dander or dust? Please be aware that these allergies may be irritated in the St. Cats environment, and keep this in mind when you consider your desired volunteer position. \_\_\_\_\_

\_\_\_\_\_

- 4) Are you able to commit to volunteering for at least 6 months?

☐ Yes ☐ No If no, for how long could you commit? \_\_\_\_\_

- 5) Are you able to commit to at least 1 shift (about 2-3 hours) per week?

☐ Yes ☐ No

OVER

6) Please check all that apply. I am willing to assist in the following position(s):

\_\_\_\_\_ Cat care: feeding, cleaning cages, etc. (most needed and most common assignment!)

\_\_\_\_\_ Housekeeping: laundry, sweeping, moping, etc.

\_\_\_\_\_ Event helper: hanging signs, set-up/clean-up, serving, etc.

\_\_\_\_\_ Fundraising

\_\_\_\_\_ Other: repairs, maintenance, general work [Please specify]\_\_\_\_\_

**\*\* Please note we cannot accept volunteers just to socialize/acclimate animals.**

7) Please check all that apply. Select your availability:

TIME	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING							
AFTERNOON							
EVENING							

8) Please let us know what your scheduling preferences are (preferred shift, number of hours per week or month, need for every other week schedule, etc.)

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