

Junior Volunteer Application—Kitten Crazy, Inc.

(please print)

Last	First	
Address		Birthdate
City	State	ZIP
Cell Phone	Home Phone	
E-mail		
Parent/Guardian		Relationship
Parent/Guardian E-mail		
What days & hours would you be available to volunteer? AM____ PM____ <div style="text-align: center;"> (Circle) Mon Tue Wed Thurs Fri Sat Sun </div>		
How many pets do you currently have? ____ cats ____ dogs ____ other (_____)		
Have you worked as a volunteer in another animal rescue organization? If yes, where/phone number?		
Are you interested in helping at fundraising events? Yes No		
Briefly explain why you want to volunteer at Kitten Crazy.		
Do you have any health problems or allergies that would limit your volunteer activities? If yes, please describe.		
In the event of an EMERGENCY, please notify:		
Name		Phone
Parent/Guardian Signature		Date
Orientation Date	KK Signature	