|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Date** |  |
| **Name** |  |
| **Address** |  |
| **Email** |  | **Home phone no.** |  |
| **Cell no.** |  | **Work no.** |  |
| Are you over 18?  | Yes No  |
| Are you over 21? | Yes No  |
| All applications can be downloaded directly from our website. When you have completed the application in full, send via postal mail, or email to **Volunteer@TAVIandFRIENDS.org***All applications are confidential and for office use only. We never sell or disclose any information.* |
| **Step 1: Information on the type of volunteering you would like to do** |
| 1. **Although there is no minimum requirement, how many hours / month would you volunteer?**
 |
|  | 1-10 |  | 11-20 |  | 20+ |
| 1. **Which location would you prefer to volunteer?** *(If you can volunteer at either location, check both.)*
 |
|  | NYC area |  | Long Island area → → → → → |  | (N)assau or (S)uffolk LI ? |
| 1. **How would you like to help? Check all that apply.**
 |
|  | Rescue / TNR |  | Adoption center – *Cage care / cat socializer (LI)* |  | Animal Transport *(do you own a car? \_\_\_\_ )* |
|  | Volunteer Coordinator |  | Adoption Counselor |  | General Admin |
|  | PR / Marketing /Advertg |  | Special event planning  |  | Grant Writer |
|  | Fundraising  |  | Gen / Adoption Events / tabling |  | Writer |
|  | Graphic Artist |  | Social Media |  | Website Assistance |
| 1. **Are you a holistic practitioner who could help out?**  *(Please indicate your area(s) of expertise, experience, and certification on page 2)*
 |
|  | TTouch Practitioner  |  | Animal Massage |  | Reiki Prac / Master |
|  | Vet Tech  |  | Animal Communicator |  | Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Would you volunteer as a Foster caretaker? *If yes, also complete foster application, pg3-5 below.***
 |
|  | Foster Caretaker/Home**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | Specify type(s) of animal(s) you can foster: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Long and/or short term? |
|  | **I want to help!** I can commit to being a volunteer for TaF, and have checked the areas above in which I am interested in helping.  |  | I cannot sign up for a full volunteer commitment at this time, but I still want to help. Please put me on your volunteer call list for the opportunities checked above. |  | **Is there another way that you can help out, not listed above?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Step 2: Areas of Expertise / Experience** |
| 1. **A. Please indicate what previous experience you have in animal care activities or other relevent experience and training.**
 |
|  |
| 1. **B. Do you have prior experience working with animals or in the non-profit sector? Please list the organizations with which you have previously worked or volunteered. Include dates and responsibilities.**
 |
|  |

|  |
| --- |
| 1. **C. Please indicate if you have an area of professional experience** *(i.e., medical; veterinary; animaltrainer/groomer; legal; advertising; holistic practitioner; event planning; fundraising, grant writer,etc.):*
 |
|  |

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| **Step 3: References** |
| 1. **Please provide at least three (3) *personal* references and one (1) *professional* reference.** For those interested in working with animals, **professional reference should include a veterinary reference.** References must include full name, relationship, address, email and phone number.
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SIGANTURE DATE

Thank you for your commitment to helping animals in need. We will be in contact with you soon to discuss your application and the opportunities available with ***Tavi & Friends****.*

***Again, if you are applying as a foster caretaker, please complete the foster application pages below, as well. If you are* not *applying to be a foster, you may stop here. Thank you.***

*Note: By submitting this volunteer application, you authorize us to check your references and background, and agree to receive e-mails regarding volunteer opportunities and needs, plus Tavi & Friends announcements such as newsletters, action alerts, or emergency animal fostering requests.*

|  |
| --- |
| **SECTION 1: FOSTER INFORMATION - animal(s)/type of animal(s) you would like to foster** |
| Is there a specific animal/type you will foster? If so, fill in below. If not, go to part B. |
|  |
| Are you interested in fostering cats or dogs *(specify)*? | Cat Dog  |
| Do you prefer male, female, or no preference? |  |
| Do you prefer bottle babies, young, adult, or senior animals? | Yes No  |
| Is size a consideration? | Yes No  |
| If yes, what size animal are you able to foster? S, M, L? |  |
| Are you interested in short and/or long term fostering? |  |
| Are you interested in, and able to, foster a special needs animal? | Yes No  |
| How soon were you looking to begin fostering?  |  |
| **SECTION 2: PERSONAL INFORMATION**  |
| 1. Is your home telephone listed under your own name?
 | Yes No  |
|  If no, whose name is it under and what is their relation to you? |  |
| 1. Who will be the primary caregiver for the foster animal(s)?
 |  |
| 1. Please list all persons living with you, their ages, and their relationship to you.
 |
|  |  |
|  |  |
|  |  |
| 1. Is anyone in your household allergic to cats, dogs or other animals? Yes No If so, what will you do to resolve this if an animal comes into your home?
 |
| 1. Is everyone in the household in agreement about fostering an animal? Yes No Will they be sharing in the care of the animal(s)? If so, how?
 |
|  |
| 1. Briefly describe the residence (1/2- bedroom apt, condo, townhouse, single-family home, etc...) and area (guest room, finished basement, all rooms, etc...) where the animal will be fostered
 |
|  |
| 1. How long have you lived at this residence?
 |  |
| 1. Do you own, rent or sublet?
 |  |
| 1. Does your building allow animals? Are there any restrictions on breed or #?
 | Yes No  |
| *Please provide the name, address, and contact information for your landlord, so we may contact them to ensure that your building allows animals.* |
|  |
| 1. Are all of your windows/doors completely screened and secure?
 | Yes No  |
| 1. Will you agree to keep all cats INDOORS at all times AND off your terrace, balcony, or deck? (Cats jump off all of the above!) And other animals will also live inside at all times?
 | Yes No  |
| 1. Do you travel often?
 | Yes No  |
| If ­yes, would you plan on taking your foster(s) with you? Yes No If no, who will take care of your foster(s) while you are away? |
|  |
| 1. What is your place of employment? (please include address & phone)
 |
|  |
| 1. How long have you worked there?
 |  |
| 1. How many hours a day will your foster(s) be alone?
 |  |
| **SECTION 3: PET CARE** |
| 1. Have you ever had a pet before? If yes, please list. If deceased, provide circumstances and date(s) of death.
 | Yes No  |
| Name|Dog/Cat | Age at death | Circumstances |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Do you currently have other pets living in your household?
 | Yes No  |
| If yes, please list species, age, breed, sex of each animal. Are they spayed/neutered? Have cats been feline combo tested (FIV/FeLV)? Have any dogs been introduced to cats before? |
| Dog/Cat | Age | Breed | M/F | Altered? | Cat: Feline combo tested? Dog: Friendly w/cats? |
|  |  |  |  |  |  |
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| 1. Have you ever taken a pet to a shelter? Yes No If yes, explain why and when.
 |
|  |
| 1. Do you have a local veterinarian(s)? Yes No Provide all names & contact info.
 |
| Name: |  | Phone #: |  |
| Name: |  | Phone #: |  |
| 1. If you don’t currently have a veterinarian, what veterinarian(s) do you intend to use for medical treatment and/or emergencies should you foster with us?
 |
| Name: |  | Phone #: |  |
| 1. What kind of food would you feed your foster? (We can recommend appropriate foods, if needed, or you may consult with your veterinarian. If foster is on a specific diet, we will instruct you.)
 |
|  |
| 1. Are you willing to provide one litter box each for each cat in your household if needed?
 | Yes No  |
| 1. Can you financially afford to care for a foster(s)? *(Note: any medical, food, supplies, etc, you donate are tax deductible as allowed by law)*
 | Yes No  |
| **STEP 4: REFERENCES and CERTIFICATION** |
| 1. Please provide name, address, and contact information of your landlord, condo/ co-op board, so we may contact them to ensure that your building does allow animals.
 |
|  |
| 1. Please provide at least three references who are not family members.
 |
| Name | Phone number | Relationship to applicant |
|  |  |  |
|  |  |  |
|  |  |  |
| 1. Please sign your name below if you agree with the following statement:

*I certify that the above information is true and accurate to the best of my knowledge, and I understand that my completion of this form in no way obligates TaF to adopt an animal to me, nor to automatically accept me as a foster caregiver. I further understand that in order to complete the process, TaF will first conduct a home visit.* |
| Name: |  |