



Make the suffering end, to the animals be a friend

## Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Age \_\_\_\_\_ (Must be over 18)

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of emergency contact \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ If referred, by whom \_\_\_\_\_

1. Permanent or seasonal position (please circle)

2. Days available?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday (please circle if applicable)

Every Day

3. Time of day available? \_\_\_\_\_ All Times \_\_\_\_\_

Morning Afternoon Evening (Please circle)

4. Volunteer work of interest? (Please circle)

- a. Feeding and cleaning (if needed) feral cat colonies
- b. Special events such bake sales, fundraisers, as off-site adoptions, etc.
- c. Transportation of animals to and from vet appointments and adoption events



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- d. Trapping
- e. Administrative duties
- f. Fostering animals in your home  
(please specify species you're able to foster) \_\_\_\_\_
- g. Other (please explain): \_\_\_All of the  
above \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you volunteered for a rescue group before? Yes No (Please circle) If yes, with what group, for how long, and why did you stop?

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6. Are you volunteering to fulfill court-ordered community service hours? Yes No (Please circle) NO

7. Do you have any concerns related to volunteering for TigersDen? If so, please explain:

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It is your responsibility to read, understand, and abide by the Rhode Island General Laws (listed below) related to working with animals. Signature below attests knowledge and understanding of the following laws and regulations:

Rhode Island General Laws:

- CHAPTER 4-1 Cruelty to Animals <http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-1/INDEX.HTM>
- CHAPTER 4-4 Animal Diseases in General <http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-4/INDEX.HTM>
- CHAPTER 4-19 Animal Care <http://webserver.rilin.state.ri.us/Statutes/TITLE4/4-19/INDEX.HTM>

I am aware that volunteering for TigersDen will put me in direct contact with animals. TigersDen may know little or nothing about the animals' past behavior. In signing this form below, I hereby release TigersDen and its agents of any liabilities related to my participation in any and all TigersDen activities in which I participate.

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Signature

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Date