



154 S. Illinois St. Hobart, Indiana 46342
219.947.4400 Info@felinecommunitynetwork.org
We serve as a rescue and rehabilitation center for cats coming from dire situations in
Lake & Porter County, IN.

Volunteer Application

How do I volunteer?

Thank you for your interest in volunteering with Feline Community Network. We are committed to promoting the cat-human bond while cultivating relationships with local animal control agencies, humane societies, other rescue organizations, and our local community. Depending on the opportunity you are volunteering for, we ask you to commit at least 2 hours a week, for 6 months. However, please know these hours may vary because each volunteer opportunity has different schedules. For example, if you are volunteering for adoption or fundraising events there may not be weekly needs – other shelter duties though would require a 2 hour weekly time commitment.

APPLICATION PROCESS

Step 1: Complete & submit a volunteer application.

Step 2: You will be contacted within 2 weeks of FCN receiving your application by a volunteer coordinator who will talk to you about the center and the volunteer opportunities you are interested in.

The volunteer coordinator will then invite you to attend orientation.

Step 3: Attend Volunteer Orientation (mandatory) (typically held the first Wednesday of each month at the shelter from 6:30pm – 7:30pm). A weekday morning orientation is possible for those with scheduling troubles.

Step 4: Complete any training necessary for your volunteer position.

The volunteer application must be completed in full, signed, and dated.

Please write legibly. The application may be:

- Dropped off at the center during open hours (Weds-Fri 11pm-4pm, Sat 11am-3 pm) at 154 S. Illinois St. Hobart, IN. 46342
- Snail mailed to FCN 154 S. Illinois St. Hobart, IN.46342
- Scanned and emailed to info@felinecommunitynetwork.org

If you have any questions about the application process, please contact Lisa N., Volunteer Coordinator at 219.947.4400 or email her at LisaN@felinecommunitynetwork.org

Section One:

There are two types of volunteers at FCN short-term and long-term.
Please indicate which type of volunteer you are.

- Short-term volunteers are those folks that need to earn a few community service hours for school, church, or a club. We have a list of acceptable projects that you may complete for us to earn your hours. If you are interested in short-term volunteering, **COMPLETE PAGES 2 & 4 ONLY** of this application.

If the court system has asked you to do community service, STOP, and call Terri at 219.947.4400 to SCHEDULE AN APPOINTMENT.

- Long-term volunteers are those folks that want to be with us for at least 6 months. If you intend on becoming a long-term volunteer, complete entire application.

Name: _____
(Last) (First) (Nickname preferred)

Address: _____

City: _____ State: _____ Zip _____

Preferred Phone: _____ E-mail: _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Telephone # _____ Allergies _____

Employer: _____

Work Phone: _____ Are you able to be contacted at work? _____

Does your company have a Matching Gifts policy? _____

Are you over 18 years old? Yes No

Do you have any pets? If yes, let us know how many and their ages. _____

Are your animals fixed and vaccinated? _____

Do you have any experience as a volunteer? If yes, with what organization(s)? _____

How did you hear about our volunteer program? _____

Why do you want to volunteer with us? _____

Do you have any physical restrictions, medical limitations or allergies? _____

Do you have any special training or skills that you would like to use at the shelter? _____

Here are a few volunteer opportunities! Please mark those that interest you.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Animal Health/Behavior | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Customer Service |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Computers/IT | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Event Chatter |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Crafts | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> Foster parent | <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Event Staffing | <input type="checkbox"/> Educational programs |

Please indicate if you have any prior experience in the areas you've checked: _____

Please indicate if you have an area of professional expertise that could be helpful. Almost any skill-from plumbing to publishing and advertising to nursing-can often be a great help. _____

AVAILABILITY:	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Mornings	()	()	()	()	()	()	()
Evenings	()	()	()	()	()	()	()

Approximately how many hours would you like to contribute to this volunteer program?

Weekly _____ Monthly _____

ACKNOWLEDGEMENT & RELEASE

I agree to my photograph being utilized for Feline Community Network publicity, including but not limited to website, Facebook, newsletters, and/or any other publications or newspaper submissions to further FCN’s activities and mission.

Yes _____ No _____

Initial Below -

_____ Volunteer agrees not to attack/criticize Feline Community Network and any of its employees, associates or partners publicly (on public forums, blogs, social networks etc.). This includes blogs, community groups or any social media in a way which brings bad name to the FCN Corporation or any of its employees, associates or partners. In case of breach of this clause volunteer agrees to pay \$10,000 plus attorney fees to FCN as damages.

I, the undersigned, agree to release, discharge, indemnify and hold harmless Feline Community Network (FCN), its officers, directors, and employees from any and all claims, demands, losses, costs, liabilities, damages, expenses and suits at law or in equity that may arise out of my performing services for the FCN, its officers, directors or employees.

I recognize that in handling animals while performing services for the FCN, the risk of injury exists including, but not limited to, personal physical harm. On behalf of myself, my heirs, assignees, guardians, and personal and legal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Feline Community Network, Inc., its officers, directors, and employees from any claims, demands, losses, costs, liabilities, damages and expenses connected with my services to the FCN or my participation agreement whether caused directly or indirectly by any negligence (active or passive) attributable to the Feline Community Network, its officers, directors, or employees.

I have read and fully understand the terms and conditions of this Volunteer Agreement, Waiver and Release of Liability and I agree I will comply with same.

FCN MAKES NO REPRESENTATIONS CONCERNING ANY ANIMAL’S EXPOSURE TO RABIES OR OTHER DISEASES.

As a Volunteer with the Feline Community Network, I fully understand that the center does not provide participants with medical insurance, workers’ compensation, or automobile liability insurance coverage.

Printed Name: _____

Signature: _____ Date: _____

Feline Community Network office use only –	
•	Volunteered Call _____
•	Opportunities discussed _____
•	Position most interested in _____
•	Will be attending orientation on _____ Trainer _____
•	Documents signed and submitted _____
Volunteer Coordinator _____	Date _____



FELINE COMMUNITY NETWORK





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