

P.O Box 491244, Los Angeles, CA 90049 310-820-4122 FeralCatCr@aol..com www.feralcatcaretakers.org

WE NEED YOUR HELP - VOLUNTEER WITH US TODAY!

Name	Address					
CityState_	ZipCode	eHo	ome Phone			
Cell Phone:	Bus Phone	Email Address	5			
Occupation	_Number of cats you care for	rDr	iver's License			
I have experience and would like to participate:						
ComputerInternet	WebsitePhotography	Secretarial	Word processing			
TypingPhones	Management Skills	_Fundraising	Public Relations			
Printing SourceHelp with public relations and fundraising						
Help with the Feral Cat Community WorkshopOther						
Feral Cat Experience:						
Feeding FeralsTrapping experience, explain						
Post-operative boarding care	, feral cats	_Foster Care				
Help with food transportation	nHave truck	_Additional skills_				
Signature of Volunteer			Date			
Print Name						
Dona Cosgrove Baker, President and Founder						
Waiver of Liability: I agree to waive any and all claims of liability, whether of negligence or any other course of action against Feral Cat Caretakers' Coalition Inc., its officers, directors or representatives, for any personal injury, property damage or any other types of harm, resulting in the performance of my volunteering activities. By Signing this agreement, I accept all of the above stipulations.						
Signature of volunteer			Date			
Print Name						
Witness			Date			