

**Craig Street Cats**  
**16-1421 St. James St. | Wpg., MB | R3H 0Y9 | 204 421-1919**  
**Volunteer Application**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

References:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Days Available: \_\_\_\_\_

Preferred times: \_mornings\_\_\_\_\_afternoons\_\_\_\_\_

Volunteer Activities: cleaning cat areas, feeding cats, cat socialization, general cleaning (dishes, laundry, etc.), cat grooming (brushing, nail trims, etc.)

I understand that some volunteer activities may require that I obtain a criminal record check from the Winnipeg Police Service before I am permitted to participate. I also understand that any cats that I work with may be feral, and I assume all risks that may be associated with working with unsocialized / wild cats. I volunteer for Craig Street Cats with the understanding that I do so at my own risk, and agree that I will not seek damages against Craig Street Cats for any injury or damage that might occur while I am participating in any volunteer activity. I agree to perform the volunteer activities for which I am scheduled. If I am unable to perform a scheduled duty, I agree that I will contact Craig Street Cats at least 6 hours before the scheduled time.

\_\_\_\_\_  
Volunteer Signature | Parent or Guardian (if minor)

\_\_\_\_\_  
Date

- criminal record check required for all activities that involve handling money or access to confidential files
- **ALL VOLUNTEERS MUST PROVIDE PROOF OF FULL VACCINATION AGAINST COVID-19. PLEASE ATTACH TO THIS APPLICATION.**