



# Forgotten Ones Cat Rescue and Adoption Inc.

P.O. Box 32203, Harding Postal Station  
250 Harding Blvd. W., Richmond Hill, ON L4C 9S3

Website: [www.forgottenones.ca](http://www.forgottenones.ca)

Email: [contact@forgottenones.ca](mailto:contact@forgottenones.ca)

Registered Charity #85159 8417 RR0001

## VOLUNTEER APPLICATION FORM

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

DATE: \_\_\_\_\_

Age:  18-25  25-65  65+

Phone (Home): \_\_\_\_\_

If under 18, please state age: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

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

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

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

1. Please indicate what aspect of our organization you would be most interested in:

### Direct involvement with animals

- Fostering cats at your home
- Adoption Center - Tru Pet
- Adoption Center - Petsmart –  
Leslie & Elgin Mills

### Business / Office

- Maintaining Web Server
- Daily Business/Paperwork & Data Entry
- Overseeing adoptions
- Developing Flyers/Brochures

### Driving / Running Errands

- Pick-up/Delivery of donations
- Pick-up/Delivery of pets to/from Vet

### Fundraising

- Any Fundraising Events
- School Fundraising with friends
- Adopt-a-thons

2. Please select the days you would like to volunteer and below each day indicate your hours of availability.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available i.e. 1-6pm							
No. of Hours i.e. 2 hrs							

3. Please explain why you would like to volunteer with our organization: \_\_\_\_\_

4. Do you own any pets? What type? \_\_\_\_\_

5. Is there anything that you are unable to do? \_\_\_\_\_

6. Please list your previous volunteer / work experience. This is very important as it helps us identify where you would fit best into our organization:

Employer	Position	Responsibilities

7. Please provide one reference. First time volunteers such as students may ask a teacher to be a reference. References may not be family members.

Name of Reference	Position/Job Title	Contact Number

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***Please complete the following section (both questions 8 and 9) if under the age of 18***

8. Emergency Contact Information:

Name	Relationship	Phone Number

9. Parent or Legal Guardian: Your son/daughter is applying to complete community service hours with Forgotten Ones Cat Rescue and Adoption Inc. This might include direct contact with the animals as well as talking with the public about our organization. Please sign to consent.

**I authorize my son / daughter to work with FOCR, its animals and the public.**

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**Parent Name**

**Parent Signature**

**Date**