



Cat Tails

Cat Adoption Services, Inc.
6622 Beach Drive
Ocean Isle Beach, NC 28469
910-253-1375

Volunteer Agreement

This form must be completed prior to beginning volunteer work. These forms will be kept on file for use only in an emergency.

Please print the following information:

Name _____
Address _____
City/State/Zip _____
Home telephone _____
Cell phone _____
E-mail address _____

I fully understand and agree to assume all risks involved in any and all duties that I choose to perform at Cat Tails, Inc., in my volunteer capacity. I agree to hold Cat Tails, Inc., harmless for any injury(s) which I might sustain during the course of my volunteer duties.

Signature : _____ Date: _____
(If volunteer is a minor, one parent must sign)

Emergency Contact:

In case of emergency, the following person is to be contacted immediately:

Name _____
Relationship to volunteer _____
City/State/Zip _____
Home telephone _____
Work telephone _____
Cell phone _____

In an emergency, should 911 need to be called your:

Health Insurance card can be found _____
Medical Alert Card can be found _____