



Helping Cats and Their People

A.C.A.T. (Albuquerque Cat Action Team)
P.O. Box 51683
Albuquerque, NM 87181-1683
505-323-2228 (323-ACAT)
www.albcat.com

VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ Zip Code _____

Email _____ Birthday (Month/Day) _____

Telephone: Home _____ Work _____ Cell _____

How did you find out about A.C.A.T.? (Circle one)

Friend Adoption Clinics Newspaper A.C.A.T. Event Other _____

Please describe your availability and interests. (Check all that are applicable.)

_____ Available to work at adoption clinics (circle all applicable): Fridays 4-8 p.m.,
Saturdays 11 a.m. – 5 p.m., Sundays 12-5 p.m., or half days on Saturday or Sunday.

_____ Available for occasional special events.

_____ I have space in my home and want to foster a cat(s). How many? _____

_____ I cannot foster but will be a foster buddy or sponsor a cat(s).

_____ I am experienced at or enjoy fundraising.

_____ Other. (Please describe.) _____

What special skills or experience do you have that you can share with A.C.A.T.? _____

Please describe any previous experience with animal rescue organizations. _____
