



Code Compliance Department  
 18070 Collins Avenue, 3<sup>rd</sup> Floor Sunny Isles Beach, Florida 33160  
 Phone: (305) 792-1705 Fax: (305) 792-1569

**APPLICATION FOR COMMUNITY CATS PROGRAM VOLUNTEER**

<b>Applicant</b>		Home Phone#	Cell Phone #:	
Address		City	State	Zip
Email		Fax		
In an emergency, notify:	First Name	Last Name		
Relation	Home Phone #	Cell Phone	#	
Address	City	State	Zip	
<b>Please indicate the areas that interest you:</b>				
Trapper <input type="checkbox"/>		Spay & Neuter <input type="checkbox"/>	Recover <input type="checkbox"/>	Cleaner <input type="checkbox"/>
		Feeder <input type="checkbox"/>	Advocate <input type="checkbox"/>	
Designated Feeding Area				
Location:				
<b>FOR OFFICE USE ONLY</b>				
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With Comments		Approved by:		Date:
<b><u>Terms and Conditions of the Approval</u></b>				
1) Must follow guidelines and protocols established by the Code Compliance Department 2) Sign Feral Cat Volunteers Hold Harmless Agreement 3) Be issued an ID				
<b><u>Volunteers are expected to help in these areas:</u></b>				
1) Public Outreach Program/Train and dissemination of information 2) Create public awareness by writing articles that will be published in the City's newspaper, TV and website 3) Recruit cat volunteers into the Community Cats Program 4) Adoption/ foster of cats 5) Volunteers will report to the leading volunteer and the leading volunteer reports to the Code Compliance Department 6) Leading volunteer will provide training in trapping, feeding, fostering and mentoring				
<b>Notarized Signature of Applicant</b>				
<input checked="" type="checkbox"/> Signature of Applicant				
Date				
Subscribed and Sworn before me this _____ day of _____ (year) _____				
by _____				
Check one: <input type="radio"/> Personally Known <input type="radio"/> Produced Identification				
Type of Identification (if any) _____				
Notary Public		Notary Stamp		
_____ My Commission Expires				