



Texoma Center Volunteer Application

Thank you for your interest in helping us spearhead regional TNVR and crisis hold efforts!

Please fill out this form so we can match you with the right role.

1. Basic Contact & Emergency Info

- **Full Name:** _____
- **Email Address:** _____
- **Cell Phone Number:** _____ *(Best number for text updates)*
- **City / Town You Live In:** _____
- **Are you at least 18 years of age?**
 - ☐ Yes
 - ☐ No
- **Emergency Contact Name & Relationship:**

- **Emergency Contact Phone Number:**

2. Role Availability

How would you like to help? (Check all that apply)

- ☐ **TCAP Morning Transport:** Dropping off traps early morning (3:15–4:15 AM) or picking up in the afternoon by 4:00 PM (3:30 PM Fridays).
- ☐ **Trapping Assistant:** Helping set/monitor traps or transport community cats locally.



- ☐ **Foster / Recovery Space:** Holding cats/kittens temporarily before/after surgery, bottle-feeding, or during crisis intake.
- ☐ **Supply & Trap Management:** Cleaning, sanitizing, and organizing trap loans.
- ☐ **Administrative / Social Media:** Helping manage posts, Zeffy campaigns, outreach, or grants.
- ☐ **Community Service Verification:** Checking hours for school, employer, or benefit programs.

3. Foster & Recovery Details (Including Bottle-Baby Care)

(Only fill out if you checked "Foster / Recovery Space" above)

- **What types of animals are you equipped and willing to foster? (Check all that apply)**
 - ☐ Post-surgery feral/community cat recovery (held securely in trap/crate for 24–48 hours)
 - ☐ Weaned kittens eating on their own (litter-box trained)
 - ☐ **Neonatal / Bottle-baby orphaned litters (requiring feeding every 2–4 hours)**
 - ☐ Friendly adult cats / Crisis hold pets
 - ☐ Medical recovery / isolation
- **For Bottle-Baby Fosters:** Are you able to maintain scheduled round-the-clock feedings (including overnight) or safely take babies to work/school in a carrier if needed?
 - ☐ Yes
 - ☐ No
 - ☐ N/A
- **Do you have a dedicated, non-carpeted, easily sanitizable space to isolate foster animals away from household traffic and resident pets (e.g., spare bathroom, laundry room, isolated pen)?**



- ☐ [] Yes
 - ☐ [] No
- **Are your personal household pets up to date on core vaccinations (Rabies, FVRCP / DHPP)?**
 - ☐ [] Yes
 - ☐ [] No
 - ☐ [] N/A (No resident pets)

4. Transport & Logistics Screening

- **Do you have a valid driver's license, reliable vehicle, and active auto insurance?**
 - ☐ [] Yes
 - ☐ [] No
- **What type of vehicle do you drive?** _____
(e.g., SUV, Truck, Sedan essential to know how many wire traps or crates can safely fit)
- **Which days are you generally available for morning transport runs?**
 - ☐ [] Monday
 - ☐ [] Tuesday
 - ☐ [] Wednesday
 - ☐ [] Thursday
 - ☐ [] Friday
 - ☐ [] Flexible / As needed

5. Experience & Commitment

- **Have you ever worked with or handled trapped community/feral cats?**
 - ☐ [] Yes — experienced with wire traps, transfer cages, and feral behavior
 - ☐ [] A little — willing to learn hands-on with experienced handlers



- ☐ [] No: prefer non-handling or logistics/admin roles only
- **How often are you realistically able to volunteer?**
 - ☐ [] Weekly
 - ☐ [] Every other week
 - ☐ [] 1–2 times a month
 - ☐ [] On-call / Emergency backup only

6. Volunteer Agreement, Health & Safety Acknowledgment

I understand that volunteering with Texoma Center for Sustainable Welfare involves working around free-roaming, feral, or stressed animals, handling humane wire traps, and road transport.

- **Safety & Handling:** I agree to follow organizational safety protocols and will not attempt to directly handle unsocialized or trapped animals outside of designated safety equipment.
- **Inherent Health Risks:** I acknowledge that rescue and orphaned animals carry inherent risks of illness (such as parasites, ringworm, or respiratory infections) and that neonatal kittens are medically fragile. I agree to keep foster animals strictly isolated in designated quarantine areas and agree that Texoma Center for Sustainable Welfare is not responsible for illnesses contracted by personal pets.

- **Volunteer Signature:** _____
- **Date:** _____