Volunteer Form

I would like to volunteer for, and become a member of, the Bermuda Feline Assistance Bureau (BFAB).

Name: _____

Address: _____

_____

Tel (H): _____ Tel (W): _____

Fax: _____ Email: _____

I can contribute in the following ways (please tick all that apply):

_____ Feed a feral cat colony on a full-time basis
_____ Feed a feral cat colony on a part-time basis
_____ Assist with trapping feral cats
_____ Foster or socialize feral kittens
_____ Make food deliveries
_____ Help with fund-raising activities
Harbour Nights stall, etc.
_____ Other

P.O. Box WK 91
Warwick WK BX
Bermuda
Tel: 291-1737