

HOPE for Pets
VOLUNTEER APPLICATION FORM

Please Print

Name: _____

Street Address: _____ City, State, Zip: _____

Telephone: (Home) () _____ - _____ (Work) () _____ - _____ (Cell) () _____ - _____

E-Mail Address: _____ Best Time to Call You: _____

Your Age: _____ DOB: ____/____/____

When are you available to volunteer? _____ Anytime _____ Weekdays _____ Saturdays _____ Evenings

How often would you like to volunteer? _____ Weekly _____ Monthly _____ As Needed _____ Other

Volunteer Positions: (Please Check All That Apply) See Volunteer Job Descriptions for an explanation of each position.

- | | | |
|--|--|---|
| <input type="checkbox"/> HOPE on Wheels Program | <input type="checkbox"/> All About Seniors Program | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Spay and Neuter Program | <input type="checkbox"/> Transport | <input type="checkbox"/> Fund-raising |
| <input type="checkbox"/> Educational Program | <input type="checkbox"/> Arts, Crafts, Sewing | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Emergency Medical Assist. | <input type="checkbox"/> Anything I Can Do From Home | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Volunteer Program | <input type="checkbox"/> Donation Boxes | |

How did you hear about our Volunteer Program?

Website Newspaper Flyer Friend Other _____

In Case of Emergency, please contact: Name: _____	Relationship: _____
Address: _____	Phone Number: _____

In signing this application, I understand and agree to the following:

My participation with HOPE for Pets is strictly on a volunteer basis, therefore no insurance against bodily harm is provided to me. I agree to release from liability HOPE for Pets, Inc., a non-profit organization, from any and all injuries or damages incurred during my participation in any program.

Volunteer Signature _____ Date: _____

Minor Consent: I, _____ give consent for _____ to volunteer with HOPE for Pets, Inc.

