



Homeless Animals Response Program

H.A.R.P.
P.O. Box 3167
Antioch, CA 94531-3167
(925) 431-8546

Volunteer Application

Name: _____ E-Mail: _____

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____ Cell Phone: _____

FAX: _____ Best time to call? _____ AM/PM Best Number to Call: Home/Work/Cell

Driver's Lic.#: _____ Expiration Date: _____ Date of birth: Month _____ Day _____

Name and phone number of a non-family member for personal reference: _____

How did you learn about H.A.R.P.? _____

Any companion animals? Please describe: _____

Have you worked as a volunteer before? _____ If so, where? What did you do? _____

What did you like about it? _____

Was there anything you didn't like about it? _____

Do you have any particular skills, talents or work experience that you are interested in bringing to HARP? Do you speak a language other than English? _____

Please indicate below any programs or activities in which you may be interested:

- | | | |
|---|--|---|
| <input type="checkbox"/> Adoption Program | <input type="checkbox"/> Spay/Neuter Program | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mailings | _____ |

Can you make a 6 month commitment as a HARP volunteer? Yes No

Time Availability:

Number of hours/week ____ Preference: M T W Th Fr Sa Su Morning Afternoon Evening

In consideration of my participation in the activities of Homeless Animals Reponse Program, I _____ do hereby agree to hold harmless their respective officers, employees, members and all other volunteers from any and all liability. I do hereby, for myself, my heirs, executors and administratraters waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me, arising out of or connected with my participation in their activities. Also, I hereby consent to receive medical treatment that may be deemed advisable in the event of accident, injury and/or illness to me during all activities. I hereby do declare myself to be physically sound to participate in all activities.

Signature: _____ Date: _____

Signature of parent/guardian if applicant is under 18: _____
(Age if under 18 years of age _____)