



## 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 \_\_\_\_\_)