



Mail, fax or e-mail the complete form to: **Homeless & Orphaned Pets Endeavor**
HOPE
P O Box 273331
Houston, TX 77277-3331

Fax: 713-721-9560
E-Mail: HOPE@homelesspets.net

Volunteer Form

Name: _____ Home phone: _____
Address: _____ Work phone: _____
City, State, Zip: _____ Cell phone: _____
(please ✓ preferred phone number)

Email: _____

Older than 18 yrs? ___ Yes ___ No...if no, please provide your age_____(you must be at least 14 to volunteer)

Personal reference: _____ Relationship: _____

How did you learn about HOPE? _____

Have you volunteered with other animal rescue/adoption groups? ___ Yes ___ No If yes, which one(s)?

What special knowledge, skills or abilities do you have that you would be willing to share with HOPE?

Please indicate below which area(s) are of interest to you:

- | | |
|--|---|
| <input type="checkbox"/> Foster a cat | <input type="checkbox"/> Pet of The Week maintenance for cats |
| <input type="checkbox"/> Foster a dog | <input type="checkbox"/> Trap feral cats or help others trap |
| <input type="checkbox"/> Help at cat adoption events | <input type="checkbox"/> Feed a feral cat colony temporarily |
| <input type="checkbox"/> Help at dog adoption events | <input type="checkbox"/> Be a feral cat (TNR) equipment loaner |
| <input type="checkbox"/> Help transport cats / dogs to adoption events | <input type="checkbox"/> Photograph cats and dogs at the adoption sites |
| <input type="checkbox"/> Help with special events | |

Other: _____

With my signature below I acknowledge and agree that any contact I have with animals in connection with the HOPE program is undertaken at my own risk. I hereby release HOPE and any of its representatives and/or agents from any and all liability associated with my handling or interaction with HOPE animals.

Are you interested in becoming a HOPE member or making a financial contribution? ___ Yes ___ No

Signature: _____ Date: _____

If under 18 yrs old, parent or guardian signature: _____