

# Healing with Love

A 501(c)3 Charitable Non-Project Organization

[info@healing-with-love.org](mailto:info@healing-with-love.org)

832-917-5811



HEALING  
with love

## Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
E-Mail Address	
Home Phone	
Cell Phone	
Work/Other Phone	

### Availability

Please select the timeframes that you are available to volunteer.

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Volunteer Opportunities

The following volunteer assignments may currently be available. Please select all of those that interest you.

- Clerical Duties (e.g.: data entry, filing)  
 Donation Pickups (requires valid driver license, insurance and clean driving record)  
 Work Project (e.g.: weeding, painting, repair work, could requires ability to lift 40lb+)  
 Fundraising  
 Organizing donated items (requires ability to lift 40lb+ above your head)  
 Community Events  
 Public Relations

### Previous Volunteer Experience

Summarize your previous volunteer experience, including the organization name and how long you volunteered for the organization.

## Special Skills or Qualifications

Do you have any of the following skills? Please select all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Public Relations       | <input type="checkbox"/> Marketing/Advertising              |
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Grant Writing                      |
| <input type="checkbox"/> Website Design         | <input type="checkbox"/> Clerical Skills (e.g.: Data Entry) |
| <input type="checkbox"/> Inventory/Supply Chain | <input type="checkbox"/> Photography                        |

Summarize other special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Employment

Are you currently employed?  Yes  No

Employers	
Street Address	
City ST ZIP Code	

How long have you worked for this company? \_\_\_\_

## Emergency Contact

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Over, Please →**

## Agreement and Signature

I hereby acknowledge that I am 18 years of age or older or have completed this application with the permission and assistance of a parent or legal guardian. I understand and agree that submitting this application form does not automatically register me as a Healing with Love volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

I acknowledge and understand that as a volunteer of the Healing with Love, I am not covered by workers' compensation or any other insurance policy through the Healing with Love, its partners, members or directors.

I am aware that as a volunteer of the Healing with Love, I am acting as a representative of the organization and agree at all times to act responsibly by maintaining a professional demeanor.

I fully understand that as part of my volunteer work, I will come in contact with animals. Further, I understand that this carries a risk of injury, and that it is possible that I may be Kicked, bitten, stepped on and/or otherwise injured.

I fully understand that as a volunteer I may be lifting over 40 pounds of pet food. I understand that this may cause injury.

I fully understand that any and all information provided to the Healing with Love is confidential and I will adhere to the strict guidelines of the Federal & State Privacy Laws when using confidential information. I will not share any information without the express written approval of the Healing with Loves Management or its Clients. Violation of these laws to including theft, will result in Immediate Termination of this agreement.

I waive all claims to monetary benefits for services rendered as a volunteer worker on a "without compensation basis" for an indefinite period.

My submitting of this form indicates my intention to hold harmless and release from all liability Healing with Love or any of its past, present or future officers, agents, volunteers, employees or assigns from all acts which are related to the normal performance of required and implied duties.

This agreement may be canceled at any time and for any reason upon written notice.

Name (printed)	_____	Guardian Name (printed)	_____
		If applicant is under 18 years old	_____
Signature	_____	Signature	_____
Date	_____	Date	_____

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form and for your interest in volunteering with us.**