

Today's Date: _____



2890 Mitchell Drive
Walnut Creek, CA 94598
General Information: (925) 256-1273
Volunteer Services Office: (925) 296-3165
Fax Machine: (925) 977-9079
www.arflife.org

L.E.A.P.S. VOLUNTEER APPLICATION

Name: _____ Home Phone: _____
 Address: _____ Cell Phone: _____
 City: _____ ZIP: _____ E-mail address: _____
 Preferred method of communication: Phone Email
 Date of birth: _____ Male Female
 Job, if applicable: _____ Employer Name & City: _____
 Program preference Adoptions Dept. Animal Care Behavior Dept. Humane Education
 Marketing & Development Training Dept. Volunteer Services

Last Name _____

How did you first hear about ARF? Friend Newspaper ARF Event Internet ARF Mailing
 ARF Thrift Store Other _____

We request that our LEAPS Volunteers to be available at least 10 hours per week for 2 - 3 months. Are you able to make this commitment? Yes No

Please list your desired start and end date: _____

Are you currently in school? Yes No

If yes, what school are you attending and what is your major(s)? _____

Have you ever volunteered for any organization before? Yes No

If yes, organization name(s) and location(s): _____

Volunteer job(s) at the organization(s): _____

What are your career goals? _____

Why do you want to volunteer with ARF? _____

What special skills/experience do you wish to share with ARF? _____

Additional languages spoken: _____

Proficient in Microsoft Office/Computer skills:

- Word Excel Access PowerPoint Publisher Photoshop Adobe InDesign
 Programming (what type) _____ Other (please indicate) _____

Do you have any physical or other limitations we should be aware of in order to make your volunteer time with us as comfortable as possible? _____

Do you currently have pets? Yes No How many and what kind? _____

Have you ever been convicted of a felony? Yes No If yes, please explain: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Your Medical Insurance Carrier: _____

Please send completed LEAPS application with a current resume or CV to:
Marlena Cardoza, Volunteer Services Supervisor
Fax: 925-977-9079 or mcardoza@arflife.org