



Today's Date: \_\_\_\_\_

P.O. Box 30215  
Walnut Creek, CA 94598  
General Information: (925) 256-1273  
Volunteer Services Office: (925) 296-3165  
Fax Machine: (925) 977-9079  
www.arf.net

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

Last Name \_\_\_\_\_

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

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   ☐ QuarkXPress  
☐ 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:  
Holli Hargrove, Volunteer Services Supervisor  
Fax: 925-977-9079 or [volunteer@arf.net](mailto:volunteer@arf.net)