



MISSION

Community Pet Project's purpose is to provide food, treats, grooming supplies and other needed items or services to the pets of the homeless or at risk in Hillsborough County so that they remain healthy and living together with their families.

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Facebook:** _____

Employer: _____ **Position:** _____

Email: _____

Any special talents or skills you have that you feel would benefit our organization?

OPPORTUNITIES:: Please tell us in which areas you are interested in volunteering

Administration__

Fundraising__

Social Networking_

Photography__

Events

Sponsors

Setup__

Recruit__ _

Attend__

Be a sponsor__ _

Breakdown__

Volunteer Coordination__ _

Grantwriter__

Please indicate days available: Monday Tuesday Wednesday Thursday Friday Saturday

In case of emergency contact: _____ Phone _____

As a volunteer of CPP I agree to abide by the policies and procedures set forth in our by-laws. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility or liability for any accident, injury or health problem which may arise from any volunteer work I am involved in for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or rewards.

I hereby authorize Community Pet Project and those acting pursuant to its authority to: record my likeness and/or voice on a video, audio, photographic, digital, electronic, or any other medium for promotional, advertising, educational, and/or other lawful purposes. I release and waive any rights of compensation or ownership regarding such uses and understand all images /recordings will remain property of CPP.

Signature:

Date:

Signature of Parent or Guardian if volunteer is under the age of 18.....

Signature_____Date:_____