



WFHS PROJECT SHARE TRANSPORT AGREEMENT

Organization Name _____

Address _____

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

Phone _____ **Email** _____

I have completed the WFHS Transport Application and am currently a member of WFHS.

I have read and understand the terms of transport set forth in the WFHS Transport Guidelines and agree to abide by said terms.

I understand that failure to comply with the guidelines may result in my organization being re-evaluated for participation and/or termination of participation in the transport program.

Signature of Executive Director

Date

Signature of Board President

Date

Signature of Shelter Transport Coordinator

Date