



SONOMA PROFESSIONALS SHARE AGREEMENT

Date: _____

As a professional member of our community, I agree to offer my services pro bono to a homeless member of our community for one year.

NAME: _____

PROFESSIONAL SERVICES: _____

PHONE: _____

EMAIL: _____

CONDITIONS: *(does include, does not include)*

Signature, Professional Offering Services **date**

Signature, Homeless Action Sonoma **date**

Homeless Action Sonoma, Inc.