



Intermountain Chapter / Harley Owners Group

Sponsored by
High Desert Harley-Davidson
2310 E. Cinema Dr.
Meridian, ID 83642
www.Highdeserthd.com
(208) 338-5599

Harley's Angels

Name of applicant: _____

Who is completing this form: (Self/Other) _____

If other than recipient, your name and relationship: _____

Do you have their permission to make this request on their behalf: Yes / No (Circle One)

Address of recipient: _____

City _____ Zip Code _____

Phone: _____ Email: _____

Emergency Contact: _____

Phone Number: & Email: _____

Reason for request: _____

What can we help you with?

☐ Meal train

☐ Household services

☐ Yard services

☐ Transportation

☐ Pick up/drop off

☐ Other _____

Harley's Angels serves solely as a volunteer coordination program. The program connects members who wish to offer assistance with members requesting help but does not supervise, direct, or guarantee the services provided. All assistance is performed voluntarily. By participating in the Harley's Angels program, both volunteers and recipients acknowledge and agree that:

Participation is voluntary. Volunteers may accept or decline any request.

Harley's Angels, the Intermountain H.O.G. Chapter, its officers, coordinators, and volunteers are not liable for any injury, accident, property damage, theft, financial loss, or other damages resulting from participation.

Participants are responsible for exercising reasonable judgment, ensuring their own safety, and maintaining any applicable insurance coverage. This disclaimer does not replace any applicable insurance or legal responsibilities of the individuals involved.

Signature: _____ Printed Name: _____

Date: _____