

BULVERDE AREA HUMANE SOCIETY

P. O. BOX 50, BULVERDE, TEXAS 78163

Phone: 830-980-BAHS (2247) Email: bahshelter@yahoo.com

www.bulverdeareahumanesociety.com

<u>Volunteer</u> ~ Permission & Release Form
Please read and complete this form, sign it, and return it to us. (*Please Print*)

Name (First, MI, Last):			
Address (Street):			
City:	State:	Zip:	
Daytime Phone #:	Email Address:		
Emergency Phone #:	Relations	hip:	
Do you own or have experience with dogs a	and/or cats? Yes	No	
Why do you want to volunteer?			
Where would you like to volunteer?			
How did you learn about BAHS?			
*********	******	******	******
Permission	and Release of Liab	<u>ility</u> (Please Initial)	
I will abide by the mission, rules, regular serving as a volunteer.	tions, policies and programs of t	he Bulverde Area Human	e Society (BAHS) while
I acknowledge that services are provided without liability of any nature on behalf of the B			ation of any kind, and
I assume risks of being bitten, scratched, volunteer work for the Bulverde Area Humane S treatment involving any activity undertaken in the	ociety (BAHS). I possess medi	cal coverage, or the means	s to pay for medical
The Bulverde Area Humane Society (BA expenses whatsoever, which I might suffer or surarea Humane Society (BAHS).	,		
I hereby release and indemnify, defend a employees, agents, and volunteers and their heirs			
I have accurately and truthfully complete	ed this volunteer application.		
I agree to supervise AT ALL TIMES vol	lunteers under the age of 16 for	whom I am responsible.	
Printed Name	Signatur	re	Date
I have read the Orientation Packet and under	stand and agree to abide with	the policies.	
Printed Name	Signatur	re	Date
Thank you BAHS Representative			Revised March 2014