

BULVERDE AREA HUMANE SOCIETY

P. O. BOX 50, BULVERDE, TEXAS 78163

Phone: 830-980-BAHS (2247) Email: <u>bahshelter@yahoo.com</u>

www.bulverdeareahumanesociety.com

Junior Volunteer ~ Permission & Release Form

This form is to be completed by parent/legal guardian, along with youth volunteer.

Please read and complete this form, sign it, and return it to us. (Please Print)

Circle one:	Parent	I	Legal Guardian	
Parent's/Legal Guardian's Name (First, MI, Last):			_
give permission for the following child to partic	cipate in Bulver	de Area Huma	ne Society (BAHS) activities:	
Child's Name:				_
Age:	Birthdate	(month/day/yea	·):	-
Address (street):				_
City:	State:		Zip:	
Daytime Phone #:				
Emergency Phone #:	·	Relationship:		_
Email Address:				_
School Attending:				_
Do you own or have experience with dogs and/or	cats? Y	es No		
Why do you want to volunteer?				
Where would you like to volunteer?				_
Harry did years learns about DAHC9				

Please complete second page also.

Permission and Release of Liability (Please Initial)

My child/children will abide by the mission (BAHS), while serving as a volunteer.	n, rules, regulations, policies and programs of the	Bulverde Area Humane Society
I acknowledge that services are provided st without liability of any nature on behalf of the Buly		mpensation of any kind, and
I assume the risks of my child/children bein connection with my volunteer work for the Bulverd		, kittens, dogs and puppies in
I possess medical coverage, or the means to child/children's activities with the Bulverde Area H	o pay for medical treatment involving any activity Jumane Society (BAHS).	undertaken in the course of my
The Bulverde Area Humane Society (BAH expenses whatsoever, which my child/children mig for the Bulverde Area Humane Society (BAHS).		
I hereby release and indemnify, defend and employees, agents, and volunteers and their heirs, s	hold harmless the Bulverde Area Humane Societ successors, assigns personal representatives forever	• • • • • • • • • • • • • • • • • • • •
I have accurately and truthfully completed	this volunteer application.	
Signature of Parent/Guardian:	Date:	
Print Name:		
Signature of Youth Volunteer Applicant:	Date:	
Print Name:		
I have read the Orientation Packet and understa	and and agree to abide with the policies.	
Printed Name	Signature	 Date
Thank you BAHS Representative		Revised March 2014