



**BULVERDE AREA HUMANE SOCIETY**  
PO BOX 50, BULVERDE, TEXAS 78163  
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www.bulverdeareahumanesociety.com

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**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                            Legal Guardian

Parent's/Legal guardian's name: \_\_\_\_\_

I give permission for the following child to participate in **Bulverde Area Humane Society** activities:

Child's name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate (month/day/year): \_\_\_\_\_

Address (street) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime phone #: \_\_\_\_\_

Emergency phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

School attending: \_\_\_\_\_

Do you own or have experience with dogs and cats: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Please fill in the back of this page also.***

# **Permission and Release of Liability**

## **Please Initial**

\_\_\_\_\_ My child/children will abide by the mission, rules, regulations, policies and programs of the Bulverde Area Humane Society while serving as a volunteer.

\_\_\_\_\_ I acknowledge that services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the Bulverde Area Humane Society.

\_\_\_\_\_ I assume the risks of my child/children being bitten, scratched, injured or frightened by cats, kittens, dogs and puppies in connection with my volunteer work for the Bulverde Area Humane Society.

\_\_\_\_\_ I possess medical coverage/or the means to pay for medical treatment involving any activity undertaken in the course my child/children's activities with the Bulverde Area Humane Society.

\_\_\_\_\_ The Bulverde Area Humane Society is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my child/children might suffer or sustain in connection with the performance of their volunteer activities for the Humane Society.

\_\_\_\_\_ I hereby release and indemnify, defend and hold harmless the Bulverde Area Humane Society, its directors, officers, employees, agents, and volunteers and their heirs, successors, assigns personal representatives forever from and against liability.

\_\_\_\_\_ 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 understand and agree with the policies.**

\_\_\_\_\_

*Printed Name*

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Date*



*Thank you.*

*BAHS Representative* \_\_\_\_\_