



**BULVERDE AREA HUMANE SOCIETY**  
P. O. BOX 50, BULVERDE, TEXAS 78163  
Phone: 830-980-BAHS (2247) Email: [bahshelter@yahoo.com](mailto:bahshelter@yahoo.com)  
[www.bulverdeareahumanesociety.com](http://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 (First, MI, Last): \_\_\_\_\_

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

Child's Name: \_\_\_\_\_

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

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?      Yes      No

Why do you want to volunteer? \_\_\_\_\_

Where would you like to volunteer? \_\_\_\_\_

How did you learn about BAHS? \_\_\_\_\_

**Please complete second page also.**

