



BULVERDE AREA HUMANE SOCIETY
PO BOX 50, BULVERDE, TEXAS 78163
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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 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 _____