

Volunteer Application

Personal Contact Information

Name:				_ Today's Date:			
Address:				Email:			
City, State Zip:				Preferred Contact Method:			
Home Pho	ne:						
Work Phone:				Birthday:			
	y Contact Inforn preference below:		of emergency, the E	rath County Hum	ane Society will a	act immediately to	
Primary Contact:			Relat	Relationship:			
Phone:				Other Phone:			
Other Contact:				Relationship:			
Phone:				Other Phone:			
<u>Volunteer</u>	<u>Availability</u>						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
P.M.	A.M.	P.M.	P.M.	A.M.	A.M.	A.M.	
	cial talents or skil		benefit ECHS if yo	u volunteer with	us:		
Violation:			Hours Needed:		Needed by:		



Printed Name:____

Volunteer Application

Age:_____

I hereby release and agree to hold harmless the promotors, owners, lessees, participants, employees, officers, directors, officials, representatives and agents of Erath County Humane Society (ECHS) from liability, loss, claim and demands that may occur from loss, damage or injury (including death) to my person or property in any way resulting from, or arising in connection with this, and whether arising while engaged in caring for animals or preparation therefore, or while upon entering or departing from said premises, from any cause whatsoever except liability loss, claim and demands that occur as a direct result of the negligent acts of the ECHS or its agents. I know the risk and danger to myself and property while upon said premises, so voluntarily and in reliance upon my own judgement and ability, I thereby assume all risk of loss, damage, or injury (including death) to myself and my property from any cause whatsoever, except where such loss, damage or injury (including death) is the direct result of negligent acts of the ECHS or its agents.

Signature:	Dat	e:
For Youth Volunteers Only		
parents or guardians who want to	o ensure their safety while they are volunted volunteer with their child to help build a part or older to volunteer without a parent or gree of 18.	rent/child relationship. You
Parental Permission Slip and Waive	<u>er:</u>	
do hereby give permission for my r my child will be working with and a cleaning, sweeping, mopping, and r voluntarily waive any right or caus	ninor child to volunteer at the Erath County around animals, and may be asked to do phy may be handling dogs, cats, kittens and puppe of action of any kind whatsoever arising a crue against the ECHS, Inc. or its agents or e	Humane Society. I understand that ysical labor such as feeding, pies. I hereby knowingly, freely, and s a result of such activity from
Parent's Printed Name	Parent's Signature	 Date
ECHS Witness:		
I have read and accept the Voluntee	er's Hold Harmless Agreement and/or the P	arental Permission Slip and Waiver
Name, Title, Date:		