

Name of Parent or Legal Guardian: _____ Phone: _____

Child's Name: _____ Date of Birth: ____/____/____

I give permission for my child to serve as a Junior or Teen Volunteer at the Capital Area Humane Society (CAHS). I understand that my child (if under the age of 16 years) must work alongside another qualified CAHS volunteer of at least 21 years of age at all times. I give permission for the following adult volunteer partner to serve as my child's Adult Volunteer Partner (AVP):

Name: _____ Date of Birth: ____/____/____

Please initial each point below:

My child will abide by the mission, rules, regulation, policies and programs of CAHS while serving as a volunteer.

I assume the risks of my child being bitten, scratched, injured or frightened by any animals in connection with volunteer work for CAHS including the potential risk of exposure to zoonotic diseases.

I understand that training for new volunteers of CAHS includes discussion and information on sensitive topics such as euthanasia, animal abuse and neglect in the context of cruelty investigations, domestic violence, and surgical procedures such as spay and neuter. It is my responsibility to determine the appropriateness of these discussions for my child.

CAHS is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which my child might suffer or sustain in connection with the performance of their volunteer activities for CAHS.

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

Signature

Date

Please attach this form to your completed STEPS application and submit to the Volunteer Programs Manager.

For Office Use Only:

VOLGISTICS _____

COMPLETED AVP APPLICATION _____