

VOLUNTEER INFORMATION AND RELEASE FORM

Date _____

Name _____ Date of Birth _____
Last, First

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

If interested in getting Volunteer emails, please provide email address

Email address _____

EMERGENCY CONTACT INFORMATION

Contact Name _____ Relationship _____

Phone Number _____

I, _____ hereby agree to accept a position as a volunteer worker for the Humane Society of Stillwater, and in so doing, I agree to comply with all of the rules and regulations established by the HSS, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent the HSS to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind and with liability of any nature on behalf of the HSS, all services are to be performed at my own risk.

I understand that I could be harmed by handling animals and performing other volunteer tasks, there exists a risk of injury such as being bitten, cut, scraped, or a chance of getting ringworm as well as other physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless HSS and, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature of cause, including costs attorneys fees incurred by HSS in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services of HSS, including but not limited to animal bites, accidents or injuries.

I understand that public relations are an important part of volunteering at the HSS. On behalf of myself, my heirs, personal representatives, and executors, I hereby allow HSS to use any photographs taken of me for use in public relations efforts.

Volunteer Signature _____ Date _____

My son/daughter, _____, has my permission to participate in the volunteer program under the direction of the HSS. I understand that my son/daughter will be expected to abide by the rules and regulations, general guidelines, and responsibilities of the volunteer program. I also understand that I must remain in person at the grounds of the HSS while my son/daughter participates in this program. I also understand that my son/daughter and I must sign the above release and abide by any guidelines, releases, or agreements that we agree to.

Parent/Guardian Signature _____ Date _____