

JUNIOR VOLUNTEERS PERMISSION & RELEASE FORMS

The New Rochelle Humane Society
70 Portman Road, New Rochelle, NY 10801
PH: 914-632-2925
FAX: 914-632-0445

Permission & Release Form for Junior Volunteer(s)

This form is to be filled out by parent or legal guardian along with young volunteer.

Please read and complete this form, sign it and return it to us.

Please Print All Information!

Please circle one: Parent Legal Guardian

Parent's/Legal Guardian's Name: _____

I give permission for the following child/children to participate in
the New Rochelle Humane Society's activities:

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

D.O.B. month _____ day _____ year _____

Address (street): _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Evening Phone #: _____

Emergency Phone #: _____ Email: _____

School Attending: _____

Describe experience with dogs and cats:

Do you presently own any cats or dogs?

Permission & Release of Liability

Please Initial

_____ My child/children will abide by the mission, rules, regulations, policies and programs of the New Rochelle Humane Society while I am a volunteer.

_____ 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 New Rochelle Humane Society.

_____ The New Rochelle 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 New Rochelle Humane Society, its directors, officers, employees, agents, and volunteers and their heirs, successors, assigns personal representatives from and against liability.

_____ I have accurately and truthfully completed this volunteer application.

Parent/Guardian

Youth Volunteer Applicant

Sign Name

Sign Name

Print Name

Print Name

Date

Date

FOR OFFICE USE ONLY

Shelter Manager/Assistant Manager

Youth Volunteer Coordinator

Sign Name

Sign Name

Print Name

Print Name

Date

Date