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VOLUNTEER APPLICATION

DATE: _____ / _____ / _____
MONTH DAY YEAR

NAME: _____
Last First Middle

ADDRESS: _____
Mailing Address

Town

Province

Postal Code

PHONE: () _____ () _____ () _____
Home Work Cell

EMAIL: _____

AGE: (IF UNDER 18) _____ BIRTHDATE : _____ (DAY) _____ (MONTH)

PLEASE NOTE: IF YOU ARE UNDER THE AGE OF SIXTEEN, YOU WILL NEED TO HAVE A PARENT/GUARDIAN ATTEND ALL TRAINING WITH YOU AS WELL AS SUPERVISE EVERY TIME YOU VOLUNTEER. YOUR PARENT/GUARDIAN MUST ALSO SUBMIT A VOLUNTEER APPLICATION WITH A SIGNED AND WITNESSED WAIVER.

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

ALTERNATE PHONE NUMBER: _____

PHYSICIANS NAME: _____

PHYSICIANS PHONE NUMBER: _____

ARE THERE ANY MEDICAL CONCERNS WE SHOULD BE AWARE OF: _____

LIABILITY RELEASE WAIVER OF THE LAKELAND HUMANE SOCIETY

1) I recognize that while performing my duties and/or services in a voluntary capacity at the Lakeland Humane Society property or offsite as an official representative of the Lakeland Humane Society, there exists a risk of loss, damage and/or injury including physical harm. On behalf of myself, my heirs and my personal representatives, I hereby release, discharge, indemnify and hold harmless the Lakeland Humane Society, its Board of Directors, agents, servants, members, and employees from any and all claims, causes of actions or demands of any nature or cause connected with my volunteer service. This might include costs, attorney fees and court costs incurred by the Lakeland Humane Society in connection with my volunteer services based on losses, damages and / or injuries which may be incurred or sustained by me in some way. Such demands may include, but are not limited to, animal bites, animal scratches, accidents, injuries, or personal property damage.

2) I also agree to release, discharge, indemnify and hold harmless the Lakeland Humane Society for any and all damages to my personal property while performing my services to the Lakeland Humane Society in a voluntary capacity.

3) If I am signing this release form as a parent or legal guardian of a minor volunteer, I hereby give my consent to allow my child / ward to volunteer services for the Lakeland Humane Society. I understand that such a minor is NOT covered by the society's worker's compensation or liability policy and I agree to hold the Lakeland Humane Society harmless for any claim, loss or damage incurred by such child / ward.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing liability release waiver.

Dated this _____ day of _____, A.D. 200__

Participant Name (print): _____

Participant Signature: _____

Parent / Guardian Name (print): _____

Parent / Guardian Signature: _____

Witness Name (print): _____

Witness Signature: _____

Please sign all signatures in front of the witness so that it is a legal and binding witnessing of signatures.

This document to be signed by all persons volunteering for the Society and must be signed by the Parent / Guardian of all participants under the full age of eighteen (18) years.

LAKELAND HUMANE SOCIETY CONFIDENTIALITY POLICY

Information about the Lakeland Humane Society clients, volunteer, staff and membership is strictly confidential. Volunteers are required to keep all information received or learned about the Lakeland Humane Society confidential. No information may be released to or used by anyone outside of the program without prior written permission. Written permission must be arranged through the Lakeland Humane Society administration staff and/or Executive Committee of the Board of Directors.

Release of Information

Information concerning volunteers that is received by the Lakeland Humane Society program is also kept confidential and may be released only with written permission.

I have read the confidentiality policy and agree to abide by it in entirety while volunteering with the Lakeland Humane Society. Further, I authorize this agency to release information about myself from my volunteer application, interview or other screening sources for volunteer recognition and/or appreciation.

Signed this _____ day, of _____, A.D. 200__

_____	_____
Printed Name	Signature
_____	_____
Parent/Guardian Printed Name (if applicable)	Signature
_____	_____
Witness Printed Name	Signature

LAKELAND HUMANE SOCIETY PHOTO RELEASE FORM

I, _____, grant to the Lakeland Humane Society, its employees and representatives the unlimited right to take photographs of me while volunteering for the Lakeland Humane Society. I authorize the Lakeland Humane Society to use such photographs with or without my name and for any lawful purpose in any publications or distributions of the Lakeland Humane Society including, but not limited to, Paws n' Tails newsletter, the Lakeland Humane Society website and any newspaper articles.

I have read and understood the above.

Signed this _____ day, of _____, A.D. 200__

_____	_____
Printed Name	Signature
_____	_____
Parent/Guardian Printed Name (if applicable)	Signature
_____	_____
Witness Printed Name	Signature