

## BRHS VOLUNTEER APPLICATION

Thank you for volunteering your time to help the animals. The animals need you!

**Because of insurance, if you are under the age of 14 you need to have a parent/guardian with you at all times while you are at the shelter.** If you are under the age of 18, you will need a parent/guardian signature before volunteering.

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

If you are volunteering through a program (school, court-ordered, etc.), please indicate the following:

Organization: \_\_\_\_\_

Number of hours you are required to work: \_\_\_\_\_

Do you have any allergies or physical conditions that we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you an Animal Sciences Major (Pre-vet, etc.)?  Yes  No

### **Release, Waiver and Assumption of Risk:**

I hereby agree that if I am accepted as a volunteer worker for the Brookings Regional Humane Society, ("BRHS") I agree to comply with all of the volunteer policies and procedures which may be established from time to time by BRHS. I understand that failure to comply with the volunteer policies and procedures of BRHS may result in the immediate termination of my volunteer assignments and privileges.

I understand and agree that if accepted as a volunteer, all services performed by me will be performed on a strictly voluntary basis, and that I will receive no remuneration, pay or compensation of any kind, that I will not be an employee of BRHS nor otherwise derive any benefits normally available to employees of BRHS, and that BRHS shall incur no liability of any nature as a result of my volunteering for BRHS.

I understand that public relations are an important part of volunteering with BRHS. On behalf of myself, my heirs and personal representatives, I give BRHS permission to use and publish photographs taken of me as a volunteer for use in its public relations efforts.

In signing this waiver, I acknowledge that I understand its intent, and I, for myself and my family or participating group, do hereby agree and will absolve and hold harmless THE BROOKINGS REGIONAL HUMANE SOCIETY, INC. from and against any blame and liability for any injury, harm, loss, inconvenience or any damage of any kind whatsoever, which may result from or be connected in any way to my participation in any and all events.

I hereby agree to follow all of the guidelines and regulations required for these events, to prevent injuries, damages or mishaps involving any volunteer, animal or Brookings Regional Humane Society representative participating in the event.

**I certify that I have read this waiver and understood its significance.**

**\*\*If under 18 parent or guardian must sign\*\***

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer's Age: \_\_\_\_\_ years (if under the age of 18)

\*Printed name of Parent/Guardian: \_\_\_\_\_

\*Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE: ON ROSTER <input type="checkbox"/>
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