



722 IN Hwy 212  
Michigan City, IN 46360  
(219) 872-4499

WWW.MICHIANAHUMANESOCIETY.ORG

DATE: \_\_\_\_\_

**APPLICATION FOR MINOR VOLUNTEER STAFF:**

**\*\* MUST BE ATLEAST 13 YEARS OLD**

Volunteers play a critical role in the success of the MHS. From time to time we offer volunteer opportunities to children. If your child/children under 18 years of age would like to volunteer, please read and complete this form, sign, and return it to us. We reserve the right to set different age requirements for different types of volunteer activities.

**PARENT/GUARDIAN INFO:**

NAME: \_\_\_\_\_

PLEASE CHECK ONE: PARENT: \_\_\_\_\_ LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_  WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_  EMAIL: \_\_\_\_\_

**\*PLEASE CHECK PREFERRED CONTACT METHOD**

**\*\* I GIVE PERMISSION FOR THE FOLLOWING CHILD/CHILDREN TO PARTICIPATE IN THE MICHIANA HUMANE SOCIETY and SPCA'S ACTIVITIES AND VOLUNTEER PROGRAM.**

Signed: \_\_\_\_\_

**MINOR VOLUNTEER INFO:**

Is this community service hours for Church or School? Yes \_\_\_ No \_\_\_

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

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Are you as the parent/guardian interested in volunteering with your child/children? Yes \_\_\_ No \_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

DOES YOUR CHILD/CHILDREN HAVE ANY ALLERGIES TO ANIMALS (OR AT ALL) THAT WE SHOULD BE AWARE OF? Yes \_\_\_ No \_\_\_ If so, what are they? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**EXPERIENCE WITH ANIMALS:**

Describe the child or children’s experience with dogs, cats, rabbits, and guinea pigs: \_\_\_\_\_

Does the child/children live with, or have they ever lived with a dog? Yes \_\_\_ No \_\_\_ What kind/breed? \_\_\_\_\_

Does the child/children live with, or have they ever lived with a cat? Yes \_\_\_ No \_\_\_

**TIMES AVAILABLE FOR VOLUNTEER SERVICES:**

Mondays: \_\_\_\_\_

Tuesdays: \_\_\_\_\_

Wednesdays: \_\_\_\_\_

Thursdays: \_\_\_\_\_

Fridays: \_\_\_\_\_

Saturdays: \_\_\_\_\_

Sundays: \_\_\_\_\_

Do you prefer AM or PM? \_\_\_\_\_

Would you like to be contacted regarding special and/or community events and volunteer needs?

\_\_\_\_\_

The Volunteer Coordinator would like to email notifications re: events, volunteer staff needs, etc.

Do you frequently check your email?

\_\_\_\_\_

***\*\*\*Please be sure to provide email contact info on the first page.***

**PERMISSION and RELEASE OF LIABILITY:**

**In consideration of The Michiana Humane Society and SPCA offering this volunteer opportunity, I/we agree to the following, intending to be legally binding:**

1. My/Our child/children, under my/our guardianship, has enough experience with dogs and/or cats and/or small animals (guinea pigs/rabbits) and is/are mature enough to volunteer with The Michiana Humane Society and SPCA and to participate in activities with dogs and puppies of all sizes, cats and kittens, and small animals such as guinea pigs and rabbits.
2. Whenever my/our child/children, under my/our guardianship, participates in The Michiana Humane Society and SPCA’s activities, I/we release and agree to indemnify, defend, and hold harmless The Michiana Humane Society and SPCA, it’s directors, officers, employees, agents, and volunteers, their heirs, successors, assigns, and personal representatives from and against liability for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever (the “Losses”), which such child/children or any pet or other person might suffer or sustain, except any Losses which are the result of The Michiana Humane Society and SPCA’s gross negligence or intentional misconduct.

**I ACKNOWLEDGE THAT THERE ARE RISKS THAT THE CHILD/CHILDREN COULD BE BITTEN, SCRATCHED, INJURED, OR FRIGHTENED BY THE DOGS/PUPPIES, CATS/KITTENS, AND SMALL ANIMALS SUCH AS GUINEA PIGS and RABBITS, AND I/WE ASSUME SUCH RISKS.**

3. I have accurately and truthfully completed this Permission and Release Form.
4. This Permission and Release Form is binding upon me, my spouse/partner, and my and his/her respective heirs, successors, assign, executors, and personal representatives.

Parent/Guardian Signed: \_\_\_\_\_ Date: \_\_\_\_\_