

**Youth Volunteer Application**  
**Hendricks County Humane Society (HCHS)**  
**52 West Main Street, Danville, IN 46122**  
**317-718-0312**

Date \_\_\_\_\_ Volunteer Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_  
Home Cell Work (if calls wanted or allowed)

E-Mail: \_\_\_\_\_  
(To receive volunteer updates about upcoming activities & events)

**Parent/Legal Guardian Information**

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

Address: \_\_\_\_\_  
Street City Zip

Phone: \_\_\_\_\_  
Home Cell Work (if calls wanted or allowed)

**HCHS is able to accept youth volunteers, under the following conditions only:**

1. A supervising parent/legal guardian must submit a volunteer application along with the youth's volunteer application.
2. This same supervising parent/legal guardian will be available to the youth volunteer, on-site and throughout the duration of the volunteer's service.
3. In case of emergency, that same parent/legal guardian available on-site, will take full responsibility for the child's safety and needs --- medical or otherwise, throughout the duration of the volunteer's service.
4. For youth ages 16 and above, items and 2 and 3 above may be waived, if it is agreed by the youth and parent/legal guardian, that volunteer is entirely capable of independently supervising his/her own activities, as well as seeking and obtaining his/her own medical treatment if or when necessary.

As the **youth volunteer applicant**, and as the **parent/legal guardian of a youth volunteer applicant** we agree to abide by conditions 1, 2, 3 and 4.

Signatures:

Youth Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Youth - Parent/Legal Guardian Truth and Accuracy Pledge**

Everything that we have stated in this application is true and accurate to the best of our knowledge, and we understand that we will be held accountable, up to and including the suspension of our volunteer privileges, for any falsification on this application.

Signatures:

Youth Volunteer Signature: \_\_\_\_\_ Date

Parent/Legal Guardian Signature: \_\_\_\_\_ Date

**Youth - Parent/Legal Guardian Photo Release**

We agree that HCHS may photograph this youth applicant while participating in volunteer activities, and we hereby release any such photographs to HCHS for use in its programs, publications and purposes.

Signatures:

Youth Volunteer Signature: \_\_\_\_\_ Date

Parent/Legal Guardian Signature: \_\_\_\_\_ Date

**Parent/Legal Guardian for Youth**

**Waiver and Release of Liability, Indemnification, and Hold Harmless Agreement**

As the parent/legal guardian of the youth applicant, I agree to the following: I give permission for this youth to participate in the volunteer program at HCHS. In consideration of HCHS accepting this youth's application for participation in HCHS programs, I agree to release and hold harmless HCHS from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by this youth's participation in HCHS' programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, I will seek any necessary medical attention utilizing my own medical insurance, and I will be responsible for any resulting medical bills.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date