Volunteer Application

MINOR CHILD

Enid SPCA

Childs Name:_____ Phone(H)_____ (W)_____(cell)_____

Address:_____ City_____State_____Zip_____

Parents/Guardian Name:_____ Parents/Guardian Phone:_____Cell:_____

Childs Email Address_____Parents/Guardian Email Address_____

Date Of Birth__/__/__ Current School Attending _____

Current School Year _____ Current Grade:_____

Volunteer hours are Tuesday through Friday 9:00 to 5:00 and Saturdays 11:00 to 3:00

During school vacations and summer we schedule minor volunteers so please call the office to schedule your time.

Would you like to volunteer on: __Weekdays __Weekends __Both

Your work Preference would be: __Dogs __Cats __Both

The Following is to be signed by legal guardian.

I _____ understand that my minor child _____ will be working directly with animals
Parent/Guardian Minors Name

and I understand there is always a risk when working with animals. I agree to release from liability, medical or otherwise, the Enid SPCA, all members, officers, veterinarians, staff and any other person associated with the Enid SPCA, should the child listed above suffer any physical injury, illness or other condition during the course of my volunteer duties. The minor child agrees not to perform any task that they feel may jeopardize their health or might cause them injury. I understand that should an injury occur while above minor child is volunteering I am liable for any and all medical cost that may be incurred.

Print Name_____ Signed_____Date_____

Staff-
Notes:_____