



Education Department Application

Shelter 5345 Highway 12 West, Santa Rosa, CA 95407

Mailing address PO Box 1296, Santa Rosa, CA 95402

tel 707-542-0882, ext. 232

fax 707-542-1317

Date _____

**Humane Society
of Sonoma County**

Junior Animal Attendant

Animal Welfare Apprentice

(please circle which program you are applying for)

Please write date of session you are applying for _____

Child's Name _____ Sex: M or F

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Birthdate _____ / _____ / _____ Age _____

School _____ Grade _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

List two emergency contacts other than parent/guardians:

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Name/Relationship _____ Phone numbers 1. _____ 2. _____

**Name and relationship of who will pick up your child from the Humane Society
(We will only release your child to whomever you list here or his/her parent/guardian named
above)**

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Name/Relationship _____ Phone numbers 1. _____ 2. _____

Current Medications _____

Doctor Name & phone # _____

Insurance Carrier & member # _____

Name all allergies (be sure to include food, medicine, insect bites, bee stings, etc.)

Physical Disabilities: _____

Learning Disabilities/Challenges: _____

Behavioral special needs: _____

Please list any psychiatric counseling , hospitalization, and/or special needs

Is there anything specific we should know about your child to ensure the safest and most enjoyable environment?

Please Turn Over

How did you learn about the Humane Society?

Why would you like to volunteer for the Humane Society?

Do you have any previous volunteer or work experience working with animals?

Do you have any experience or special skills that would help you in your work with us?

Do you currently own pets? _____ Spayed or Neutered _____
Types/Description:

What are your expectations of the Humane Society and the volunteer program?

Please list any animal organizations to which you belong.

Please rate your personal opinion of the following areas on a scale of 1 to 5:

1-strongly in favor 2-in favor 3-neutral (no opinion) 4-opposed 5-strongly opposed

- Spaying/Neutering Guard Dog Training Animal Entertainment Shows
- Declawing Cats Exotic Pets Abandonment of Unwanted Animals
- Service Dogs Humane Euthanasia Cosmetic Altering of Pets (Cropped ears)
- Leaving your pets in the car when you run errands
- Allowing your dog to ride in the back of the truck
- Chaining your dog

Please check any terms you do not understand

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Parental Consent

(Only to be completed if the Volunteer is under the age of eighteen (18))

I represent that I am the parent or legal guardian of a minor, (the "Volunteer"), and by my signature below consent to and allow my son/daughter/ward to perform volunteer services for the Humane Society of Sonoma County (the "Society") under the terms and conditions as set forth in Section I, above, for volunteers. In addition, I give the Society permission to use and publish photographs of my son/daughter/ward, the Volunteer, as part of its public relations efforts.

On behalf of myself and the Volunteer, and our heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the Society and its assigns, successors, agents, staff, officers, board of directors, employees, contractors, and representatives, from any and all claims, causes of action, or demands of any nature or cause whatsoever, including costs and attorney fees, arising out of or relating to the Volunteer's volunteer work with the Society, including, but not limited to, animal bites, accidents, or injuries; as well as all injuries, claims or other loss that may incur because of the failure to receive a proper tetanus vaccination.

I agree that all services I will provide are charitable in nature and entirely voluntary and that no compensation of any kind will be received for the performance thereof. Further I have been fully advised that as a non-employee I am not covered by workers compensation and that my personal medical insurance takes precedent over any volunteer medical insurance policy from the Humane Society.

I HAVE CAREFULLY READ THIS WAIVER OF LIABILITY, MEDICAL RELEASE AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND THE CONTENTS THHEREOF. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE HUMANE SOCIETY OF SONOMA COUNTY AND I SIGN IT OF MY OWN FREE WILL.

Name of Participant	Age of Participant	Date
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Printed Name of Parent/Guardian	Date
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Signature of Parent or Legal Guardian	Date
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