

# Junior Volunteer Service Release

## 13 years of age and younger

*\* This form MUST accompany the adult volunteer application to whom the child will be volunteering with, no exceptions. A separate Junior Volunteer Service Release AND a Tetanus Statement/Medical Insurance form MUST be filled out and signed for each child that plans to volunteer with a parent or guardian.*

**Name of child:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

I understand that \_\_\_\_\_, a minor child of whom I am the legal parent or guardian, is being permitted by the Gloucester-Mathews Humane Society to participate as a volunteer under **my supervision and that said minor must work alongside me at all times.** I agree to release, discharge, indemnify and hold the Gloucester-Mathews Humane Society harmless for any and all damages to said minor while performing as a VOLUNTEER in a VOLUNTEER CAPACITY any and all duties for the GMHS. I recognize that there exists a risk to said minor of injury or sickness, including personal injury or harm in handling animals at the GMHS in a volunteer capacity. I acknowledge that my child is not to handle the animals unless he/she have been instructed to do so, under my supervision. I recognize there are certain chemicals that said minor may come in to contact with including, but not limited to, chlorine bleach, canine and feline dips, powders and shampoos. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless the GMHS, its agents, affiliates, employees and Board of Directors from any and all claims, causes of action or demands, or any nature or cause connected with the Volunteer Services of said minor. This is to include any costs and attorneys fees incurred by the GMHS related to damages incurred or sustained by said minor in any way in connection with my Volunteer Services. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries and personal property damage.

I agree that all services provided by said minor child are charitable in nature and entirely voluntary and no compensation of any kind will be received for the performance thereof. Further, I have been fully advised that as a non-employee, said minor is not covered by worker's compensations and that the said minor's legal guardian's personal medical insurance takes precedent over any volunteer medical insurance policy from the Gloucester-Mathews Humane Society.

I further understand that public relations are an important part of volunteering at GMHS. I agree, therefore, on behalf of said minor, myself, my heirs, personal representatives, and executors to allow the GMHS to use any photograph or video taken of said minor for use in a public relations effort. Any photographic images or videotapes in which said minor appear will become the property of the GMHS which can use them in any and all ways it sees fit. The GMHS will use reasonable efforts to notify me but such notification is not a pre-condition to the release of the photographs under the auspices of the GMHS.

**I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE TERMS OF THE JUNIOR VOLUNTEER SERVICES RELEASE AND THAT I WILL COMPLY WITH THE SAME.**

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Name of Child

Date

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Signature of Parent or Legal Guardian

Date

# GLOUCESTER-MATHEWS HUMANE SOCIETY

## JUNIOR VOLUNTEER TETANUS STATEMENT AND MEDICAL INSURANCE

Because of the nature of duties that may be assigned during volunteering, the GMHS requires proof of an up-to-date tetanus vaccination. Please furnish a copy of such proof when submitting a volunteer application. If a pre-existing condition (allergy, etc.) would preclude you from receiving a tetanus vaccination, please consult your family physician before volunteering for more information on possible risks.

I have read and understand the above statement outlining the importance of tetanus vaccination. **I hereby agree to provide a copy of proof of vaccination to the GMHS with my volunteer application.**

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

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

**Medical Information:** You must have medical insurance to volunteer at the Gloucester-Mathews Humane Society. Please provide the following information:

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's name \_\_\_\_\_

Physician's telephone number \_\_\_\_\_