



Minor Volunteer Application & Medical Release

Legal Guardian's First & Last Name _____

Minor Volunteer First & Last Name _____

Street _____ City _____ State _____ Zip _____

Home Phone _____ 2nd Phone _____ Email _____

Age _____ Birthdate _____ Allergies/Medical Conditions _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

I, _____, give permission for my minor child, _____, to volunteer with Randolph County Humane Society. I understand Randolph County Humane Society will not be held liable for any illness, injury, or accident that may occur while my child is volunteering for Randolph County Humane Society. I am aware of the risk of illness including but not limited to Ringworm, Tapeworms, Roundworms, Hookworms, and Mange; the risk of injury including but not limited to Scratches, and Dog/Cat Bites; the risk of accidents including but not limited to falling, and tripping. I understand that it is my responsibility to pick up and drop off my child unless other arrangements have been made and to sign my child in and out. I understand that my child needs to wash his/her hands thoroughly after handling animals to reduce the risk of infection and I have informed my child of the importance of this issue. I am also aware that an adult volunteer must be present with my child to walk any dogs outside and that my child can not leave the shelter to get lunch. I understand it is my responsibility to give my child money for someone to get my child lunch, bring a lunch to the shelter with my child, or to pick up my child and take them to lunch.

I, _____, give permission for Randolph County Humane Society to treat my child in case of an emergency. I understand that Randolph County Humane Society will contact both of the Emergency Contact numbers first for guidance in an emergency situation. If no guidance is available, I give permission to Randolph County Humane Society to take the appropriate action in having my child seen by a licensed medical professional. I understand that Randolph County Humane Society requires a copy of the minor child's medical insurance card and has submitted the copy to them prior to volunteering.

Parent/Legal Guardian Signature _____ Date _____

Randolph County Humane Society - 414 W. Belmont Street - Sparta, Illinois 62286

phone: 618.443.3363 | fax: 618.282.1749 | web: www.RandolphHumane.org