



## VOLUNTEER INFORMATION & WAIVER

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact**

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

I am affiliated with an organization that I am volunteering with.

Name of Organization: \_\_\_\_\_

Organization Leader: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent for Photographs and Videos

I understand that my voluntary participation and that of my child(ren) for the HSKMC/HCAS will include photographs and video that may be used for HSKMC/HCAS promotions, media and fundraising efforts. I give HSKMC/HCAS permission to use the photographs and video taken of me and my child(ren) for promotion and fundraising. I understand that photographs taken as part of the HSKMC/HCAS volunteer times and events are the intellectual property of HSKMC/HCAS and cannot be used by any competing organization. If you do not give consent, please do not sign.

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

Date attended training class \_\_\_\_\_ HSKMC/HCAS Staff \_\_\_\_\_

**Over**

I am **UNDER 18** (Fill out Section A)

I am **OVER 18 and NOT my own legal guardian** (Fill out Section A)

## Section A

### Liability Waiver

I certify that I am the guardian of the below signed dependent. I hereby approve my dependents entry into the HSKMC/HCAS volunteer program. All information provided in this document is true and accurate to the best of my knowledge.

I, for myself and my dependent, hereby waive and release any and all rights and claims for damages, liability, cost and expenses against the HSKMC/HCAS, any shelter employee or volunteer. I agree to transport or arrange transportation for my dependent to and from the HSKMC/HCAS. I have provided an emergency contact in the event I am unable to be reached. I understand I am required to attend an educational training class to learn proper participation in the volunteer program at HSKMC/HCAS. I understand that I may be removed from the volunteer program if I do not follow the rules.

Guardian Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Guardian home number \_\_\_\_\_

I am **OVER 18 and my own legal guardian** (Fill out Section B)

## Section B

### Liability Waiver

I hereby waive and release any and all rights and claims for damages, liability, cost and expense against the HSKMC/HCAS, any shelter employee or volunteer, arising out of my participation in the volunteer program at the HSKMC/HCAS or any function sponsored by the HSKMC/HCAS.

I understand I am required to attend an educational training class to learn proper participation in the volunteer program at HSKMC/HCAS. I understand that I may be removed from the volunteer program if I do not follow the rules.

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