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**JUNIOR VOLUNTEERS**

**PERMISSION AND RELEASE FORM**

**CARE** – compassionate animal rescue efforts

P O Box 72, Catoosa, OK 74015

PH: 918-280-8146

**Permission & Release Form for Junior Volunteer(s)**

This form is to be filled out by parent or legal guardian along with young

volunteer.

Please read and complete this form, sign it and return it to us.

**Please Print All Information!**

Please circle one: Parent Legal Guardian

Parent’s/Legal Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for the following child to participate in

the CARE’s activities:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

D.O.B. month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day \_\_\_\_\_\_\_\_ year \_\_\_\_\_\_\_\_\_\_\_\_

Address (street): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Daytime Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone #: \_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe experience with dogs and cats:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you presently own any cats or dogs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Permission & Release of Liability**

Please Initial

\_\_\_\_\_\_ My child/children will abide by the mission, rules, regulations,

policies and programs of CARE rescue

while I am a volunteer.

\_\_\_\_\_\_ I assume the risks of my child/children being bitten, scratched,

injured or frightened by cats, kittens, dogs and puppies in

connection with my volunteer work for CARE rescue.

\_\_\_\_\_\_ CARE rescue is not liable for any injuries,

damages, liabilities, losses, judgments, costs or expenses

whatsoever, which my child/children might suffer or sustain in

connection with the performance of their volunteer activities for

CARE rescue.

\_\_\_\_\_\_ I hereby release and indemnify, defend and hold harmless CARE rescue, its directors, officers,

employees, agents, and volunteers and their heirs, successors,

assigns personal representatives from and against liability.

\_\_\_\_\_\_ I have accurately and truthfully completed this volunteer

application.

Parent/Guardian Youth Volunteer Applicant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

**FOR OFFICE USE ONLY**

**Rescue Manager/Assistant Manager Youth Volunteer Coordinator**

Sign Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Date