For CARE use only: Contacted by (CARE staff/volunteer name) _____
On (date) _____ Follow-Up/Notes: _____

C.A.R.E. Date_____

Clinton Animal Rescue Endeavor, LLC

Youth Volunteer Application

Our volunteers play a vital role within our organization. Without your help and commitment, we would not be able to assist the many animals who need help in the Clinton community. Our youth volunteer program is for volunteers between the ages of 13 and 17.

Youth who are between the ages of 13 to 17 must be accompanied by a parent, guardian or person approved by the parent or guardian (Scout leader, youth group leader, case worker, etc.) while volunteering at the shelter.

Name: First_____ Last_____

Address: _____**City**_____**State**_____**Zip**_____

Phone: (H)_____ (C)_____

Email:_____ **DOB:** _____

Emergency Contact:_____**Relationship:**_____

Emergency Contact Phone:_____**Alt:**_____

Please list 3 services you would be interested in performing with (1) being your first choice (2) second choice and (3) your third choice.

Do you prefer to work with cats_____ or dogs_____

Walking dogs_____ Laundry_____ Dishes_____

Poop patrol_____ Cleaning cages_____ Cleaning floors_____

Office work_____ Working with dogs_____ Feeding_____

What days/hours work best for you:

Monday A.M. or P.M. _____ Tuesday A.M. or P.M. _____

Wednesday A.M. or P.M. _____ Thursday A.M. or P.M. _____

Friday A.M. or P.M. _____ Saturday A.M. or P.M. _____

Sunday A.M. or P.M. _____

Initials: _____/_____

Volunteer Hold Harmless Agreement

THIS RELEASE is executed by **the undersigned parent(s) or guardian(s) for** _____ (hereinafter "Volunteer") in favor of CLINTON ANIMAL RESCUE ENDEAVOR, LLC (hereinafter CARE).

In furtherance of its purpose and mission, for good and valuable consideration, CARE has agreed to provide certain support and assistance to individuals including Volunteer's desire and efforts to serve as a volunteer on behalf of CARE. The undersigned in his or her personal capacity and as parent(s) or guardian(s) of Volunteer, for Volunteer, his/her legal representative(s), heirs and assigns, hereby release, waives, and discharges CARE, its directors, officers, employees, members**,** and other volunteers, from all liability to the Volunteer, his/her spouse, legal representative(s), heirs and assigns for any and all loss or damage, and any claim or damages resulting there from on account of injury to Volunteer's person or property, even injury resulting in the death of the Volunteer, in connection with or during and such volunteer activities.

The undersigned parent(s) or guardian(s) and Volunteer understands that, as a volunteer of CARE, he/she may come into physical contact with animals of unknown origin or questionable health history, and/or which have not been treated for diseases, which may be transmittable to humans or other companion animals.

The undersigned parent(s) or guardian(s) and Volunteer understands that by choosing to handle the animals, Volunteer may be scratched or bitten. Volunteer agrees to report any such incidents, which come to Volunteer's attention, to a supervisor affiliated with CARE (including bites and scratches to Volunteer, to visitors to the shelter, or to any persons handling animals during pet visits so that CARE may observe the animal.

The undersigned parent or guardian and Volunteer understand that when handling animals, Volunteer may be scratched or bitten, thus creating a risk of tetanus. Volunteer acknowledges that CARE recommends but does not require, tetanus shots to all volunteers who will handle animals. Volunteer also understands that CARE recommends prompt medical attention (including tetanus shots) for all animal bites, particularly puncture bites from cats, but CARE will not reimburse Volunteer for such treatment.

The undersigned parent(s) or guardian(s) and Volunteer understand and acknowledge there are inherent dangers in volunteering that no amount of care, caution, instruction, warning or expertise can eliminate.

I certify I agree with all the statements made above on the Youth Volunteer Application and The Volunteer Hold Harmless Agreement.

_____ _____/_____

Signature of Youth Volunteer Signature of Parent(s)/Guardian(s)

_____ _____

Printed Name Printed Name(s)

Date: _____ Date: _____