



Sauk County Humane Society
618 Hwy 136 Baraboo, WI 53913
Phone: (608) 356-2520 ext. 13
Fax: (608) 356-2519
Email: volunteer@saukhumane.org
Website: www.saukhumane.org

Office Use Only
Contact _____

Youth Volunteer Application

General Information: *Please print legibly*

- Youth 8 years of age and older can volunteer with a parent.
- Return a paper copy of the application, signed by parent or guardian, authorizing participation.
- Parent must fill out an Adult Volunteer Application and attend Volunteer Orientation.
- Parent and youth must attend additional training for some volunteer positions.

Date: _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

Date of Birth (*mm/dd/yy*): _____ Current School: _____ Grade: _____

Do you participate in extracurricular activities? Yes ___ No ___ *If yes, list the activities:*

Are you volunteering to complete a Community / Volunteer Service requirement? Yes ___ No ___

*Please note the SCHA does not typically sign off on hours for community service/school volunteer hours. Talk to our Events Coordinator to see how you may be able to have volunteer hours signed off on.

How did you hear about youth volunteering? _____

Background Information

Previous Animal Experience:

Skills and talents you'd like to share:

Skills or talents you'd like to learn:

Are there any health concerns that we should know about? Yes ___ No ___ *If yes, please explain:*

Parent/Guardian and Emergency Contact Information *Please print legibly*

Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone (home): _____ (work): _____ (cell): _____

Additional Emergency Contacts

In the event of an emergency, who should we contact? (*list two others than the person listed above*)

Name	Relationship to you	Phone
1. _____		
2. _____		

Permission to Participate/Volunteer Agreement

My child has permission to participate as a Youth Volunteer. I understand that my child may be working with live animals and that, although all reasonable care will be taken, animals can be unpredictable and injury is possible. In consideration of SCHS accepting my application for participation in SCHS programs and events, I agree to release and hold harmless SCHS from and against any and all loss, damage, claims, liability, costs, and expenses of any nature whatsoever, including without limitation, attorney's fees and disbursements arising from or occasioned by my participation in SCHS programs. I agree that SCHS may photograph my participation in this program and I hereby release any such photographs to SCHS for use in its programs, publications, and purpose.

Your Signature: _____ **Date:** _____

You must be at least 18 years of age to volunteer without parental consent.

Parent or Guardian Signature: _____ **Date:** _____

Please be sure form is complete and signature line is signed and return this application to:

Sauk County Humane Society
Attn: Volunteer Coordinator
618 Hwy 136
Baraboo, WI 53913

Thank you very much!