



Humane Animal Welfare Society
 701 Northview Road, Waukesha, WI 53188
 262.542.8851, Ext 120 www.hawspets.org

STUDENT PROGRAM VOLUNTEER APPLICATION

-For teens 16 years and older requiring volunteer service for school and who wish to volunteer independently from a parent or guardian.

Date: _____

I have a volunteer service requirement to meet for school, my religious organization, or other youth organization.

Circle one: Yes No

Name of school or organization: _____

I have court mandated community service hours to complete. Circle one: Yes No

Name: _____ Age: _____ Date of Birth: _____

E-Mail: _____ Phone#: _____

Street Address: _____

City: _____ Zip Code: _____

How many hours **each week** are you able to devote to the student volunteer program? _____

What days are you available to volunteer? Please circle: M T W Th F Sa Su

What days are you available to work a morning shift (beginning at 8am or 9am)? Please circle below.

None M T W Th F Sa Su

Please list any medical concerns or conditions, including pet allergies which could possibly affect your ability to volunteer:

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Have you ever been convicted of any crime, including sex-related or child-abuse related offenses? Yes No

I was referred to the volunteer program at HAWS by: _____

Please see other side.



PARENTAL CONSENT FORM

-Required for participants younger than 18 years of age.

I hereby give permission for my son/daughter (name): _____
to participate in the volunteer program at the Humane Animal Welfare Society of Waukesha County, Inc. I
certify that my son/daughter is ____ years of age and that his/ her birth date is _____.

My signature indicates that I am aware of and consent to my child's involvement in the program. I release
and hold harmless the Humane Animal Welfare Society of Waukesha County, Inc., its agents and
employees from responsibility or liability arising out of the above named child's participation.

I understand there are certain risks in dealing with animals. I certify that my child is covered under my
health insurance policy should injury take place while volunteering or participating and I will be responsible
for his/ her medical bills.

Parent name (please print): _____

Signature of parent: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code _____

Emergency phone #: _____