HAWS
Humane Animal Welfare Society

CITIZEN PROJECT VOLUNTEER APPLICATION

701 Northview Road, Waukesha, WI 53188
262.542.8851 www.hawspets.org

Volunteer Coordinator: Sara Stoss
262.542.8851, Ext. 120 volunteer@hawspets.org

Date: _____

Do you have court ordered community service hours to complete? Please circle : Yes No

How many hours are required? _____ On what date must your service be completed by? _____

Name: _____ Age: _____ DOB: _____

E-Mail: _____Phone#:_____

Address: _____

City: _____ Zip Code: _____

Emergency Contact Name: _____ Relation: _____

Emergency Contact Phone: _____

Please list any medical concerns or conditions that could possibly affect your ability to volunteer:

_____

_____

Have you ever been charged with a sex-related, child-abuse, or animal abuse crime? Yes No

Referring agency, including name of Judge or Case Worker (required):

_____

Citation # (’s) (required): _____

I understand that the Citizen Project is a six week program and participants meet every Tuesday, 4:00pm-5:30pm, every Thursday 4:00pm-6:00pm, and I am available to volunteer at these times.

_____ _____
Signature Date

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PARENTAL CONSENT FORM

-Required for Citizen Project participants ages 14-17 only.

I hereby give permission for my son/daughter (name): _____
to participate as a volunteer in the Citizen 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 _____

Phone #: _____

E-mail address: _____