



Angel's Wish™

161 Horizon Drive, Suite 106., Verona, WI 53593
(608) 848-4174 www.angelswish.org

| | |
|------------------------|-------|
| Office use only | |
| Training completion | |
| Basic | _____ |
| Advanced | _____ |
| Ref. ck. | _____ |

Youth Volunteer Application

General Information

- Youth volunteers must be 10 of age and complete Youth Volunteer Basic Training
- Youth volunteers are expected to follow direction and practice safe animal handling.
- Return a paper copy of the application, signed by parent or guardian, authorizing participation.

Date: _____ *Please print legibly*

Name: _____ Date of Birth (mm/dd/yy): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

E-mail address: _____

School currently attending: _____ Grade: _____

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

Background Information

Previous Animal Experience: _____

Skills and talents you'd like to share:

1. _____

2. _____

Skills or talents you'd like to learn:

1. _____

2. _____

Things you *really* don't like to do:

1. _____

2. _____

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

Are you volunteering to complete a Community Service or Volunteer Service requirement? Yes _____ No _____

If yes, how should your hours be reported? Phone _____ E-mail _____ U.S. Mail _____

Send confirmation of hours to: Name _____ Phone _____

Address _____ E-mail _____

If this is court-ordered, please explain the nature of the conviction, number of hours, and compliance date.

Do you have a driver's license? Yes ___ No ___ Do you have car insurance? Yes ___ No ___

How did you hear about Angel's Wish? _____

References:

Please list three adults (at least one who is not a relative) who know you well and can tell us: how dependable you are, how you get along with other people, and/or about your experience with animals.

| Name | Relationship to you | Phone | How long? |
|----------|---------------------|-------|-----------|
| 1. _____ | | | |
| 2. _____ | | | |
| 3. _____ | | | |

Parent/Guardian and Emergency Contact Information:

Parent/Guardian name (*please print*) _____

Address (*if different from youth*) _____

City _____ State _____ Zip Code _____

Phone (home): _____ (cell): _____

E-mail address: _____

In the event of an emergency, who should we contact? (*list 2*)

| Name | Relationship | Phone |
|----------|--------------|-------|
| 1. _____ | | |
| 2. _____ | | |

Permission to Participate/Behavior Expectations

My child has permission to participate as an Angel's Wish, Inc. Youth Volunteer. I understand that my child will be working with live animals and that, although all reasonable care will be taken, animals can be unpredictable and injury is possible.

Parent or Guardian Signature: _____ Date: _____

I understand that when I volunteer with Angel's Wish I will be working with live animals. I understand that I must use safe animal handling practices and follow directions to avoid being injured. While volunteering with Angel's Wish, I will dress neatly, follow directions and be polite and respectful toward the animals in my care, other volunteers and members of the public.

Youth Signature: _____ Date: _____

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of the services of Angel's Wish, Inc., its employees, directors, agents, officers, volunteers, participants, and all other persons or entities acting in any capacity on their behalf, and for other good and valuable consideration, I hereby agree to release and discharge them from liability arising from negligence, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that animal rescue operations entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death to myself and other persons, and also property damage. Risks include, among other things: bites, scratches, torn skin, bruises, and damaged clothing or other property. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.
2. I expressly agree and promise to accept and assume all of the risks existing in this activity or as a result of contact with or adoption of an animal. My child's participation in this activity is purely voluntary and I elect to permit such participation in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Angel's Wish, Inc. from any and all claims, demands, or causes of action which are in any way connected with my child's participation in this activity, my child's use of their equipment or facilities, my adopting an animal, or my child's volunteering at this animal rescue operation, arising from negligence. This release does not apply to claims arising from gross negligence or intentional conduct. Should Angel's Wish, Inc. or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I certify that I have adequate insurance to cover any injury or damage my child and/or I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage to myself and my child.
5. In the event that I file a lawsuit, I agree to do so solely in the state of Wisconsin, and further agree that the substantive law of Wisconsin shall apply in this action.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I agree that if anyone is hurt or property is damaged during my child's participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence from which I have released them herein.

I have had sufficient time to read this entire document, understand its contents, and I agree to be bound by its terms.

I understand all the terms and conditions of this adoption agreement. By signing this agreement, I acknowledge and understand current medical care provided and accept fully all future responsibilities and costs for the care and well-being of this volunteer.

Parent/legal guardian name: _____ E-mail: _____

Address: _____ City: _____ ST: _____ Zip: _____

Home phone _____ Work phone _____ Cell phone _____

Parent/legal guardian signature: _____ Date: _____

If you and your family are interested in fostering cats and/or dogs, please complete the following:

I would like to foster (check all that apply)

dogs _____ puppies _____ cats _____ kittens _____
 pregnant dogs _____ pregnant cats _____ ill or injured dogs _____
 ill or injured cats _____ orphaned puppies _____ orphaned kittens _____

Are you currently fostering for another organization? Yes _____ No _____

If yes, please list _____

What animals are currently in your household?

| Name | Cat, dog, other (list) | Age | Gender | Spayed or neutered? | Kept inside or outside? |
|------|------------------------|-----|--------|---------------------|-------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Are all the animals you have current with vaccinations? Yes _____ No _____

What veterinarian do your animals see?

Clinic name _____ City _____ Phone _____

Where will the foster animal be kept when alone _____ At night? _____

Do you have a fenced yard? yes _____ no _____ Plan to install one on (date) _____

How will you keep a foster dog confined to your property?

in house _____ kennel _____ fenced yard _____ chain _____ in garage _____ leash _____ porch/patio _____

How much time per day can you spend playing with and interacting with this animal? _____

Do you have a scratching post? Yes _____ No _____

Do you have the necessary items for fostering this animal (Crate or condo, food bowls, litter box, toys, etc)?

Yes _____ No _____ If no, please list what item you will need Angel's Wish to provide for you:

Please be sure all signature lines are signed and return this application to:

Angel's Wish, Inc.
 161 Horizon Drive, Suite 106
 Verona, WI 53593
 Attn: Youth Volunteer Program

Thank you very much!