



Angel's Wish™

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www.angelswish.org

Office Use Only

Contact _____
Training _____
Ref. ck. _____

Youth Volunteer Application

General Information

- Youth volunteers must be 12 years of age and complete a one-hour Youth Volunteer Training Class
- One parent must attend the training class as well as the first volunteer session
- Return a paper copy of the application, signed by parent or guardian, authorizing participation.

Date: _____ *Please print legibly*

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ (cell): _____

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

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

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

How did you hear about Angel's Wish? _____

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:*

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: _____

Home phone: _____ Work: _____ Cell: _____

E-mail address: _____

Emergency Contacts

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

Name	Relationship to you	Phone
1. _____	_____	_____
2. _____	_____	_____

Permission to Participate/Behavior Expectations

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: _____

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: _____

Fostering

Is your family interested in fostering cats and/or dogs? Yes ___ No ___

If yes, a parent or guardian needs to fill out & submit an adult volunteer application.

Consent, 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 self 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 certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information will be held in the strictest confidence, and I release Angel's Wish, Inc. from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer.

Youth name (printed): _____ Parent/legal guardian name: _____

Parent/legal guardian signature: _____ Date: _____

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

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

Thank you very much!