NORTHWOODS ANIMAL SHELTER

906-265-7387

Northwoodsanimalshelter@hotmail.com

MINOR VOLUNTEER INFORMATION

NAME	AGE DATE
ADDRESS	CELL PHONE
CITY, STATE, ZIP	LANDLINE
E-MAIL ADDRESS	
PARENT/GUARDIAN NAME	CELL PHONE
ADULT ACCOMPANYING MINOR AT THE	SHELTER IF DIFFERENT FROM THE PARENT/GUARDIAN.
	S OPENED ON MONDAY THROUGH FRIDAY, 9 A.M. TO 3 P.M. AY(S) CAN YOU VOLUNTEER AT THE SHELTER?
ALL DAY MORNING	GAFTERNOON
ARE YOU ALLERGIC TO ANYTHING OR H	IAVE PHYSICAL LIMITATIONS/HEALTH CONCERNS?
PHONE NUMBER(S)	

***WE READ AND SIGNED BOTH THE <u>HOLD HARMLESS AGREEMENT</u> & <u>CONFIDENTIALITY AGREEMENT</u>
ON THE REVERSE SIDE***

Minor Volunteer Confidentiality Agreement

I have been made aware of the confidential nature of information concerning animals, donors, personal and other types of Animal Shelter information. Whether or not such confidential information may be available to me in the normal performance of my duties, or occasionally and inadvertently, the confidentiality will be respected by me.

I also understand that confidential information which shall be disclosed to me, or which may become my knowledge, may not be divulged within or outside of the Northwoods Animal shelter unless required in the performance of my normal duties.

I am aware of the Northwoods Animal Shelter's policy prohibiting the temporary or permanent removal of confidential records from the premises of the Northwoods Animal Shelter facility.		
I understand that non-compliance with a Northwoods Animal Shelter.	any of the above may result in the termination of my services at the	
Minor Volunteer's Signature	Signature of Parent with Legal Custody or Legal Guardian	
Minor Volunt	eer Hold Harmless Agreement	
	, I agree the NAS will not in any e above minor volunteer for losses to property or any personal injury plunteer at the Northwoods Animal Shelter.	
The minor volunteer and the undersigne	amed above may be working with animals which are unpredictable. Ed are also aware there are many other risks in terms of personal injury volunteer will be exposing himself or herself to as a NAS volunteer.	
claim of any kind including for any med	ed knowingly and voluntarily agree to waive all rights to bring any dical services, lost wages, and or any other losses or damages caused the future while the minor volunteer is volunteering at NAS.	
Signature of Volunteer	Signature of Parent with Legal Custody or Legal Guardian	
Printed Name of Volunteer	Printed Name of Parent or Guardian	

Date