

MINOR / VOLUNTEER

GUIDELINES

Step 1. The minimum age to volunteer at GHVH is 11 years old.

Step 2. Have parent or guardian complete and sign parent / guardian release form.

Step 3. A work permit from the applicants school must be submitted and on-file with GHVH prior to beginning service.

Thank you for your interest in Good Hands Veterinary Hospital and the wonderful animals we all care for!



GOOD HANDS VETERINARY HOSPITAL, P.C.
INDEMNITY WAIVER AND RELEASE OF LIABILITY

(Release by Parent or Guardian of a Minor)

I, _____, am the parent or legal guardian of
_____ (hereinafter referred to as "the Minor"), who wishes to participate as
a volunteer of Good Hands Veterinary Hospital, P.C.

In consideration for the Minor being permitted by Good Hands Veterinary Hospital, P.C. to participate as a volunteer, I hereby agree that I will assume full responsibility for the death, personal injury or property damage suffered or sustained by the Minor as a result of or in connection with the Minor's participation as a volunteer.

I agree, therefore, to indemnify Good Hands Veterinary Hospital, P.C. and its Doctors, Employees, Agents, and Contractors from and against all liability, claims, demands, damages, judgments and costs for or arising from the death or personal injury of the Minor or damage to the Minor's property suffered or sustained by the Minor as a direct or indirect result of the Minor's participation as a volunteer; even if such death, personal injury or property damage arises out of the negligence of Good Hands Veterinary Hospital, P.C. or any of its Doctors, Employees, Agents or Contractors.

I further agree, for myself and for the Minor, that neither I nor the Minor will make any claim against, sue, attach the property of, or prosecute Good Hands Veterinary Hospital, P.C. or its Doctors, Employees, Agents or Contractors for any death, personal injury or property damage, whatever the cause or location of the event giving rise to the claim, which the Minor may suffer or sustain as a result of or in connection with the Minor's participation as a volunteer.

In addition, for myself and for the Minor, I hereby release and discharge Good Hands Veterinary Hospital, P.C. and its Doctors, Employees, Agents and Contractors from all actions, claims or demands that Minor or I now have or may hereafter have for any death, personal injury or property damage arising out of or in connection with the Minor's participation as a volunteer.

This release of liability is intended to discharge in advance, Good Hands Veterinary Hospital, P.C. and its, Doctors, Employees, Agents and Contractors from and against any and all liability to the Minor or to me or to any person claiming under, through or on behalf of either of us arising out of or connected in any way with the Minor's participation as a volunteer; even though that liability may arise out of negligence on the part of Good Hands Veterinary Hospital, P.C. or any of its Doctors, Employees, Agents or Contractors.

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals; nevertheless, on behalf of the Minor and myself I hereby agree to assume those risks and to release, indemnify and hold harmless Good Hands Veterinary Hospital, P.C. and the persons mentioned above who might otherwise be liable to the Minor or to me (or the Minor's or my heirs or assigns) for damages.

I am over eighteen years of age and am the parent with custody or the legal guardian of the Minor.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN INDEMNITY, WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN GOOD HANDS VETERINARY HOSPITAL, P.C. AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

SIGNATURE : _____ DATE: _____

WITNESS SIGNATURE

PARENTAL PERMISSION FOR MEDICAL TREATMENT

I hereby give permission to Good Hands Veterinary Hospital, P.C. staff to seek emergency medical treatment for _____, in case of an accident injury or illness. It is understood that every effort will be made to contact me or a person listed below before taking this action.

We understand the risks in volunteer duties and freely assume those risks, and agree to release Good Hands Veterinary Hospital and its Doctors and employees from and against all claims for injury, loss or danger to the undersigned as a result of such volunteer duties.

SIGNATURE : _____ DATE: _____

Parent or Legal Guardian

Minor Volunteer

IN CASE OF AN EMERGENCY CALL:

*Parent or Legal Guardian Home Phone (_____) _____

Work Phone (_____) _____

*Alternative Contact: Name: _____

Home Phone (_____) _____

Work Phone (_____) _____

Date of last tetanus shot _____



VOLUNTEER APPLICATION

NAME _____ DATE _____

First Middle Last

ADDRESS _____

Number Street Unit# City Zip

HOME PHONE (____) _____

WORK PHONE (____) _____

EMERGENCY CONTACT _____

PHONE (____) _____

Relationship _____

Date of Birth _____

DL# _____

month date year

EDUCATION (circle last year completed) High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Why are you interested in becoming a GHVH volunteer? _____

Describe any previous experience working with animals: _____

Are you presently employed? . yes . no If yes, state your work schedule _____

EMPLOYER'S NAME and ADDRESS _____

Describe the type of work you do _____



Do you have medical insurance? . yes . no Social Security Number _____-_____-____

Are you available regularly each week? . yes . no

Please indicate the times you would be available for work: ALMOST ANY TIME ()

MONDAY _____ FRIDAY _____

TUESDAY _____ SATURDAY _____

WEDNESDAY _____ SUNDAY _____

THURSDAY _____

SPECIAL SKILLS, TALENTS, TRAINING, INTERESTS OR HOBBIES _____

List your personal pets: _____

Do you have any allergies? yes . no . If yes, please explain: _____

Do you have any medical conditions that we should be aware of? yes . no . If yes, please explain _____

Excluding a traffic violation, have you ever been convicted of a felony or misdemeanor? yes . no .

If yes, please explain _____

Please list two references who are not relatives: NAME ADDRESS PHONE

I give my permission to GHVH to verify any of the information provided here.

VOLUNTEER SIGNATURE

DATE

=====

FOR OFFICE USE ONLY

Applicant scheduled for orientation to be held _____ Attended? . yes . no

Interview date _____ Interviewed by _____ Assignment _____

TRAINING

DATE _____ COMMENTS _____

