



People for Animals, Inc. 501(c)3

401 Hillside Avenue, Hillside, NJ 07205 973-282-0890

Junior Volunteer Application (under 18)

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Email Address: _____

Are you volunteering for community service?

If so, how many hours are you required to complete? _____

Do you plan to complete all these hours at People for Animals? **Yes** **No**

What school are you currently enrolled in? _____

How old are you? 16 17

People for Animals Volunteer Program Permission Form

I give permission for my child, _____, to participate in the People for Animals Junior Volunteer Program.

I understand that my child can withdraw from the Junior Volunteer Program at any time by notifying the Volunteer Coordinator. If at any time I have a question or problem, I understand that I can go to the Volunteer Coordinator. I understand that my child can be asked to leave the Junior Volunteer Program if his/her behavior or circumstances deem it appropriate.

Print Name of Parent/Guardian

Parent/Guardian Signature

Date

Photography/Videotaping Permission Form

People For Animals
401 Hillside Ave, Hillside, NJ 07205-1122

I give my permission for my child, _____, to be interviewed, photographed, or videotaped for use in People For Animals publications, productions or for use by the general news media for print and broadcast purposes.

Consent for Medical Treatment

Parent/Guardian Full Name: _____

Parent/Guardian Daytime Phone: _____ Alternate Phone: _____

Alternate Emergency Contact: _____ Phone: _____

(Parents will be notified in case of serious illness or injury as quickly as they can be reached but this consent allows immediate treatment of the minor.)

Name of Junior Volunteer: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Family Physician: _____

Physician Phone: _____

List of Allergies (if none, write "none"): _____

List medications taken: _____

Significant medical or surgical history: _____

In case of accident or illness, I hereby authorize a representative of People for Animals, a non-profit organization, to use his/her best judgement in obtaining immediate medical care for my child.

Parent/Guardian Signature

Date