



Harvest Sky
Animal Rescue

Email: harvestskyrescue@gmail.com

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Hanna, AB T0J 1P0
403.854.3700

www.harvestskyrescue.ca

Youth Volunteer Application

Contact Information:

Name: _____ Date: _____
Address: _____ Phone (Day): _____
_____ Phone (Cell): _____
_____ Age: _____

Emergency Contact Information:

Name: _____ Phone (Day): _____
Relationship: _____ Phone (Cell): _____

Name: _____ Phone (Day): _____
Relationship: _____ Phone (Cell): _____

Questionnaire:

1. Which days would you be able to volunteer? (check all that apply)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

2. Why are you interested in volunteering for the HSAR? _____

3. Do you own any pets? **Yes** **No**
If yes, what kind? _____

4. Do you have any medical conditions that could be aggravated by exposure to high concentrations of animals? **Yes** **No**



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**RELEASE AND INDEMNITY OF THE
Harvest Sky Animal Rescue Society
(Hereinafter known as the “Society”)**

The undersigned, in acting as guardian for a youth volunteer for the Society, hereby releases the Society, its agents, officers, and servants of and from any and all liability, claims, demands, actions and causes of actions, whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by the volunteer or any of the property of the volunteer.

The undersigned further agrees to indemnify and save harmless the Society, its agents, officers, and servants from any liability which may hereafter be brought against the Society by or on behalf of the volunteer for the volunteer named infant in respect of any of the foregoing matters hereby released.

The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild and hereby willingly accepts all such risks on behalf of the youth volunteer.

This Release and Indemnity shall be binding upon the undersigned’s, his/her heirs, executors, administrators they assign.

Dated: _____ day of _____, A.D. 20_____
Volunteer Name: _____ Age: _____
Address: _____ Phone: _____

(Applicant’s Guardian’s Signature)

Guardian’s Name (print): _____

This document must be signed by the Parent/Guardian of all participants under the full age of eighteen (18) years.

The information on this application is strictly confidential and will not be shared with anyone outside the Society unless permission is granted by the applicant’s guardian.

