



COMMUNITY SERVICE PROGRAM

NAME _____ DATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER(s) _____
HOURS NEEDED _____ BY (DATE) _____
DRIVERS LICENSE NUMBER/ID: _____ LICENSE STATE _____ (*PICTURE ID/COPY REQUIRED)
CASE MANAGER NAME/and or LAWYERS NAME: _____ CONTACT #: _____

Lakes Region Humane Society guidelines

No one under 16 years of age may utilize this program. There is an 8 am start, please be punctual, if you are late or call out 3 times we will not continue your program. Friends and/or family are not allowed to assist you in your work. Immediate dismissal will occur if you are found off task, lying, disobeying instructions and/or being insubordinate.

An hour's list will be provided to you on your first day of service please track your hours each day you work.

COMMUNITY SERVICE RELEASE

I, the undersigned, hereinafter referred to as RELEASOR, on the date written below do hereby release, waive, and forever hold harmless the Lakes Region Humane Society. In hereafter referred to as LRHS, from any and all claims, injuries or harm suffered at any time hereinafter while I am a community service volunteer at the animal shelter and animal control facility maintained by the LRHS. This release shall be binding on the RELEASOR, his/her assigns, executors, administrators, conservators or guardians.

RELEASOR acknowledges that no compensation shall be received by RELEASOR from LRHS for any services provided by RELEASOR for services performed at the animal control facility.

RELEASOR is hereby aware and acknowledges that the care of animals at LRHS involves a risk of possible injury or harm to the RELEASOR from contact with the animals themselves, from performing other volunteer services at the facility and from entering or leaving the facility.

Releaser's signature: _____ **Date:** _____

LRHS Witness Signature: _____ **Date:** _____

