



Revised May 2026

VOLUNTEER — PERMISSION & RELEASE FORM

BULVERDE AREA HUMANE SOCIETY

P.O. BOX 50, BULVERDE, TEXAS 78163

830-980-2247

BAHShelter@yahoo.com

www.bulverdeareahumanesociety.com

Name (First, MI, Last): _____

Address (Street): _____

City: _____ State: _____ Zip: _____

Daytime Phone #: _____ Email Address: _____

Emergency Phone #: _____ Relationship: _____

Do you own or have experience with dogs and/or cats? Yes No

Why do you want to volunteer? _____

Where would you like to volunteer? _____

How did you learn about BAHS? _____

Permission and Release of Liability (Please Initial)

_____ I will abide by the mission, rules, regulations, policies and programs of the Bulverde Area Humane Society (BAHS) while serving as a volunteer.

_____ I acknowledge that services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the Bulverde Area Humane Society (BAHS).

_____ I assume risks of being bitten, scratched, injured or frightened, by cats, kittens, dogs and puppies in connection with my volunteer work for the Bulverde Area Humane Society (BAHS). I possess medical coverage, or the means to pay for medical treatment involving any activity undertaken in the course of my activities with the Bulverde Area Humane Society (BAHS).

_____ The Bulverde Area Humane Society (BAHS) is not liable for any injuries, damages, liabilities, losses, judgments, costs, or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the Bulverde Area Humane Society (BAHS).

_____ I hereby release and indemnify, defend and hold harmless the Bulverde Area Humane Society (BAHS), its directors, officers, employees, agents, and volunteers and their heirs, successors, assigns personal representatives forever from and against liability.

_____ I have accurately and truthfully completed this volunteer application.

_____ I agree to supervise AT ALL TIMES volunteers under the age of 16 for whom I am responsible.

Printed Name

Signature

Date

I have read the Orientation Packet and understand and agree to abide with the policies.

Printed Name

Signature

Date