



PAWS Adoption Center

Established in 1980

Volunteer Application (under Eighteen)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: () _____ Email _____

Occupation: _____ Employer: _____

Date of birth _____ (If under 16 years old, a parent/guardian must volunteer with you.)

Have you ever been convicted of an offense? (saying yes will not necessarily disqualify you from working at PAWS. Call the Facility Director at number below if you'd like your response to remain confidential.)

Yes () No ()

Signature: _____

Name (please print): _____

Date: _____

Trained By: _____ Date: _____

(Please complete pages two and three.)

2790 Cincinnati-Dayton Road • P.O. Box 684 • Middletown, Ohio 45042
(513) 422-7297 • www.pawsadoptioncenter.org



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Minor Volunteer Emergency Medical Authorization & Release Form Page 2

Child's Name: _____ Date _____
School Attending _____ Phone Number () _____

Parent/Legal Guardian Emergency Contacts:

(1) Name: _____ Relationship _____
Primary Phone Number () _____ Secondary Phone Number () _____

(2) Name: _____ Relationship _____
Primary Phone Number () _____ Secondary Phone Number () _____

Please list two other people we may contact if your parent(s) guardians(s) are unavailable:

(1) Name: _____ Relationship _____
Primary Phone Number () _____ Secondary Phone Number () _____

(2) Name: _____ Relationship _____
Primary Phone Number () _____ Secondary Phone Number () _____

In the event reasonable attempts to contact me at the phone numbers listed above are unsuccessful, I _____ hereby give my consent and permission for the administration of any treatment deemed necessary by Primary Care Physician listed below or Primary Care Dentist listed below. If Physician/Dentist is unavailable, I hereby give my consent and permission for another licensed Physician/Dentist to treat my child, or my child to be transferred to Preferred Hospital (name preferred hospital) _____ or another reasonably accessible hospital.

Primary Care Physician: _____ Phone Number () _____

Primary Care Dentist: _____ Phone Number () _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.



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Minor Volunteer Emergency Medical Authorization & Release Form Page 3

Allergies: _____
Medication Currently Taking: _____
Date of last tetanus shot: _____
Physical Impairments: _____

Other pertinent information for medical personnel:

Child's Name: _____ Date: _____

I _____ hereby understand the nature of the work of those dealing with the maintenance and care of animals. I understand that injuries, although rare and usually minor, may occur. I further understand the importance of hand washing and cleanliness upon entering the facility, before and after entering each different animal room and area, and before leaving the facility. I understand the importance of having a current tetanus shot.

I hereby release Progressive Animal Welfare Society, and PAWS Adoption Center, Inc. of any responsibility from injuries or illness to myself or to my animals because of my work at PAWS Adoption Center, Inc. facility, or any mobile PAWS function.

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____

Date: _____

Staff Signature: _____ Date: _____

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