



SHELTER BUDDIES APPLICATION

Please provide personal information:

(Personal information is for AVHS use only)

Parent's Names _____

Children's Names _____ Date of Birth _____ Grade Level _____

Children's Names _____ Date of Birth _____ Grade Level _____

Address _____ Apt # _____

City, State, Zip _____

Phone Number _____ Email _____

Please provide an alternate contact person in case of emergency:

Name _____

Relationship _____

Home Phone _____ Alternate Phone _____

WAIVER OF RESPONSIBILITY

I _____ (adult's name) and
_____, (child's name) _____, (child's name)

am/are about to participate in the Shelter Buddies Reading Program at Auburn Valley Humane Society, and I am doing so entirely upon my own initiative, risk, and responsibility. I hereby for myself, my heirs, my executors remise, release, and discharge the Auburn Valley Humane Society, it's officers and employees from all claims, demands, actions, or cause of action on account of any injury to me, my child(ren), or my property which may occur during my time at the shelter.

I also give Auburn Valley Humane Society permission to use photos, videotape or electronic images of me and my child(ren) for future promotional and educational publications in regards to the Shelter Buddies Reading Program.

Date Signature

Mission Statement

The Auburn Valley Humane Society enriches the lives of companion animals and people through animal sheltering, programs, services and community engagement.