



FOR OFFICE USE ONLY

App Date: _____

Conf. Date: _____

Orientation? Y N

Pymt Date: _____

Critter Camp Leadership Application

Please complete all form fields and submit to Lyanwagner@valleyhumane.org, or mail to VHS Humane Education Dept. 3670 Nevada Street Pleasanton, CA 94566. Receipt of your application will be confirmed by email. A fee of \$30 will be due the day of Orientation, June 8th 2019. Applications are due by May 3rd, 2019

Please complete the information below. PRINT CLEARLY

Application date: _____

YOUTH CONTACT INFORMATION

First Name: _____ Last Name: _____

DOB: ____/____/____ Age: _____ T-shirt Size: S M L XL

Home Address: _____ City/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____@_____

Have you participated in any VHS activity before? Y N

If so, what activities? _____

PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Relationship to student: _____

Home Address: _____ City/Zip: _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____@_____

ALTERNATE RELEASE AUTHORIZATION

Persons other than parent/guardian above who may pick up or drop off your child. Please note, alternates may be asked to sign your child in and/or out, and to provide a valid driver's license. List additional alternates on back of form.

Name: _____ DL#: _____

Relationship to student: _____ Primary Phone: _____

Name: _____ DL#: _____

Relationship to student: _____ Primary Phone: _____

EMERGENCY CONTACT (NOT parents/guardians above)

In the event we are **unable to reach parents/guardians** in an emergency, whom should we notify?

First Name: _____ Last Name: _____

Relationship to student: _____ Primary Phone: _____

HEALTH HISTORY

Physician's Name: _____ Phone Number: _____
Health Insurance: _____ Policy/Group #: _____
Dentist's Name: _____ Phone Number: _____
Hospital Preference: _____
Current Medications (in case of hospitalization): _____
List of Allergies: _____
Additional Health Concerns: _____

LIABILITY WAIVER/MEDICAL WAIVER/PHOTO RELEASE

In consideration of permission granted my child by Valley Humane Society to participate as a Critter Camp Leader, as so, I release and discharge Valley Humane Society, on my own behalf and on behalf of my child from all claims, demands, actions, judgments, and executions which the undersigned ever had or now has, or may have in the future, or which the undersigned heirs (including but not limited to my child), executors, administrators or assigns may have, or claim to have, or have in the future, against Valley Humane Society, its successors or assigns for all personal injuries, negligence claims, emotional distress and claims for damages, known or unknown, as well as injuries to property, real or personal, caused by or arising out of the above-described Humane Education program. I understand that my child will be in contact with cats and dogs and other farm animals while at VHS, and I understand the risks associated with contact with such animals, including but not limited to bites, scratches, diseases and possible parasites. This waiver, release of liability, and assumption of risk agreement is executed without any reliance upon any representation by any person or Valley Humane Society, and I have carefully read and understand the contents of this agreement, and I execute the same as my own free act. I understand fully the significance of this agreement.

Please read and check boxes below.

- I understand that by signing this agreement, I am waiving on my own behalf, and on behalf of my child, any potential claims against Valley Humane Society arising out of the Humane Education program.
- In the event I cannot be reached for an emergency, I hereby give permission to the medical personnel selected by Valley Humane Society staff and/or emergency personnel to order any necessary treatment and transportation for my child. I agree to be financially responsible for all such medical treatment and any incurred expense related to such medical treatment.
- (Optional) I hereby agree that any photographs and/or video images taken of my child during Critter Camp may be used by Valley Humane Society for publicity, education, fundraising, or marketing purposes. I understand that I will not receive any monetary compensation for the use of said images.

Signature of Parent or Guardian:

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

Laura Van Wagner
Humane Education Coordinator
Lvanwagner@valleyhumane.org
(925) 426-8656, ext. 16

Valley Humane Society
3670 Nevada St
Pleasanton, CA 94566
www.valleyhumane.org



Application Questions: Please briefly answer each of the below questions. Please also feel free to attach a resume of any past work, volunteer, and/or childcare experience you have. No references necessary.

1. Why do you want to be a Critter Camp Leader?
2. What experience do you have in leading others?
3. With what age groups do you have experience working?
4. Have you attended Critter Camp in the past? What other camps have you attended?
5. What skills or interests do you have that you might share with your Campers? (drawing, singing, etc.?)
6. What is your ideal camp counselor like, and how will you try to demonstrate those ideals for your Campers?
7. What else would you like us to know?