



# 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 \_\_\_\_\_

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