



The Animal Shelter Society, Inc.
1430 Newark Road
Zanesville, Ohio 43701
Phone: 740-452-1077 Fax: 740-452-1641
Email: assi@rrohio.com

VOLUNTEER PERMISSION SLIP

I _____, parent or guardian give my permission for _____, who is over the age of twelve (12) years and in good health to volunteer at the Animal Shelter. I release the Animal Shelter Society, Inc., The Board of Directors, and /or its employees of any and all liabilities and take all responsibility for my child and his/her actions. In case of any misconduct, I understand that I will be required to pick up my child immediately.

Signed: _____ Date: _____

Print Name of Volunteer: _____

Print Address: _____ City: _____

Home Phone: _____ Your Work Phone: _____

Are you allergic to anything? _____

In case of Emergency Call: _____ Genesis/Bethesda 740-454-4503

_____ Genesis/Good Sam 740-454-5873

_____ Please call the family doctor in my absence:

Dr. _____ Phone: _____