

**Paws & Claws Veterinary Hospital, PL**  
3819 Bradfordville Road Tallahassee, FL 32309

**Volunteer Release Form**

It is hereby understood and agree that my services to Bradfordville Paws & Claws, PL are strictly a voluntary activity on my part with no remuneration associated with the activity. I am neither an employee, agent or associated with Bradfordville Paws & Claws, PL in any capacity other than as a volunteer and, therefore, hold Bradfordville Paws & Claws, PL and its associates harmless and free of any and all claims which may arise as a result of my volunteer activity.

**Please check one:**

- \_\_\_\_ I am a minor living with my parent or legal guardian and have their written permission and signature to participate in this program.  
\_\_\_\_ This will attest to the fact that I am at least 18 years of age and understand the agreement which is being signed in the presence of a witness.

Date \_\_\_\_\_ Volunteer's Name \_\_\_\_\_

Date \_\_\_\_\_ Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

**Personal Information**

**Name** \_\_\_\_\_  
First Middle Last

**Address** \_\_\_\_\_  
Street City State ZIP

**Age:** \_\_\_\_ Years **DOB:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Phone:** (850) \_\_\_\_\_

**Paws & Claws Animal Hospital, PL**  
3819 Bradfordville Road Tallahassee, FL 32309

**CONFIDENTIALITY**

In the course of your voluntary activity with Bradfordville Paws & Claws Veterinary Hospital, you may have access to confidential information relating to clients, patients, other hospital staff, or trade secrets. Knowledge of confidential information is a trust to be honored. Divulging of confidential information to an individual not involved with the situation is grounds for immediate termination of your volunteer status.

You are expected to exercise the greatest caution and concern in the protection of any information that is of a confidential nature.

Name of Volunteer \_\_\_\_\_

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

**If you are a Minor, your Parent or Legal Guardian needs to sign and date this form also.**

Name Parent or Legal Guardian \_\_\_\_\_

Signature Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_