



440 N. Falkenburg Rd., Tampa, FL 33619

PRCVolunteer@HCFLGov.net

813-301-7387

As legal guardian of \_\_\_\_\_, I give my permission for the aforementioned minor to participate in volunteer activities at Hillsborough County's Pet Resource Center. I understand, as does my child/ward, that responsible conduct is expected at all times and that any questions that arise are to be brought to the supervisor of the volunteer activity in which he/she/they are directly involved. Hillsborough County's Pet Resource Center retains the right to dismiss any volunteer whose activities or behaviors during service to the facility are deemed inappropriate, or not within the best interests of the facility.

I further give Hillsborough County's Pet Resource Center permission to seek emergency medical attention for my child/ward and should an injury occur, I agree for my child to be covered under the County's workers' compensation program and its providers for their care.

I understand that volunteers should not be dropped off before 7am and must be picked up no later than 5:30pm.

My child/ward has the following medical conditions/allergies:

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Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Best Phone # to be Reached at: \_\_\_\_\_

Minor Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_