



Student Volunteer Hours Project Proposal Form

Date:

Name:

Address:

City:

State:

Zip:

Phone:

Email:

School:

Teacher:

Grade:

Class Requirement (hours, class, etc.):

Date of Project Completion:

Project Proposal

(Describe your proposed project – what you want to do, the hours you estimate it will take, who you will need to help you, items or assistance required from HSSCM, what you hope to achieve)

HSSCM Release:

I hereby release, indemnify, and hold harmless HSSCM, its President/CEO, employees, successors, legal representatives, sponsors, and supervisors of all its activities, from any and all claims, causes of action, and liability arising from or in any way connected with my volunteer participation with the Humane Society of South Central Michigan. I understand that I am expressly assuming all risk, including but not limited to all risk of injury and disease associated with my volunteer participation. I further grant HSSCM permission to use, without cost, any photographs, videos, or audio taken of me during my volunteer services.

Signature

Date

Parental Signature (if under age 18)

Date