



Humane Society of Midland County
PO Box 1034, Midland, MI 48641-1034
www.hsomc.org

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MyPaw Youth Membership Application

Mission: To help the Humane Society of Midland County ("HSOMC") to raise fund, and educate our generation about caring for animals.

What is MyPaw?

A group of enthusiastic kids, ages 8 to 17, who would like to help the HSOMC raise funds and educate our generation on caring for animals.

What are my responsibilities as a MyPaw member?

Each member is required to attend one meeting per month, follow fundraising leads assigned to him/her, and at least once per year chair or participate on a committee responsible for the MyPaw portion of a particular HSOMC event from start to finish.

Contact Information:

Name: _____ Parent/Guardian's Name: _____
Street: _____ City: _____ Zip Code: _____
Home Phone: _____ Alternate Phone: _____ Email Address: _____
Age: _____ School: _____ Grade: _____ Male: _____ Female: _____

Medical Information – In order to participate in any MyPaw or HSOMC activity, the MyPaw member must have medical insurance.

Insurer: _____ Policy #: _____ Physician's Name & Phone #: _____
Emergency Contact's Name & Phone #: _____ Alternate Phone #: _____
Alternate Emergency Contact's Name & Phone #: _____ Secondary Phone #: _____
Any Known Health Problems or Allergies of Child: _____

Additional Information:

Indicate any experience with animal welfare or rescue, and where and how you worked/volunteered: _____

Animals in your life/types of pets you own and how many? Dog ___ Cat ___ Other _____ Other _____

Volunteer Activities – Please indicate your areas of interest.

- Foster and Adoption Team Assistant: Assist with adoptions and Adoptathons
- HSOMC (parent/guardian must be present): Walk Dogs Clean Cages Photograph shelter animals
- Fundraising and Events: Assist in fundraising and informational events Create crafts or other items to sell
 Create even poster boards for events

Please tell us what you would like to do for us, any ideas you may have, or any comments:

Voting - The privilege of voting on MyPaw issues is granted to all members in good standing who have been members for two (2) months, and have had time to become familiar with issues and workings of the organization. MyPaw members are not eligible to vote on matters presented to the general membership of HSOMC.

AS A REPRESENTATIVE OF MYPAW, I WILL PARTICIPATE IN MYPAW AND HSOMC ACTIVITIES IN A CAREFUL AND PRUDENT MANNER, AND I WILL ATTEMPT WHENEVER POSSIBLE TO MINIMIZE THE RISK OF INJURY TO MYSELF. I SHALL MAKE EVERY EFFORT TO PROMOTE THE MISSION OF MYPAW. ALL INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE; I HAVE MADE NO MISSTATEMENTS OR MISREPRESENTATIONS.

Signature: _____ Date: _____

I CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE; AND DOES NOT CONTAIN ANY MISSTATEMENTS OR MISREPRESENTATIONS. ADDITIONALLY, I UNDERSTAND THAT HSOMC IS WILLING TO ALLOW MY CHILD TO PARTICIPATE IN HSOMC AND MYPAW ACTIVITIES ONLY IF I COMPLETE, EXECUTE, AND RETURN THE ATTACHED RELEASE & WAIVER OF LIABILITY AND CONSENT FOR MEDICAL CARE (THE "RELEASE").

Parent/Guardian's Signature: _____ Date: _____

Return this application and the attached Release to: HSOMC, MyPaw Youth Application
PO Box 1034
Midland, MI 48641-1034

Visit www.hsomc.org for more info
HSOMC is a 501(c) (3) organization.
Donations are tax deductible as allowed by law.