



**RCHS Kids Community Service Application  
TO BE FILLED OUT BY STUDENT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Where did you hear about the KCS program? \_\_\_\_\_

Have you participated in the KCS program before? \_\_\_\_\_ When? \_\_\_\_\_

Are you doing KCS to fulfill a requirement? If so for what organization? \_\_\_\_\_

How many hours are you required to complete? \_\_\_\_\_

Please write a brief essay explaining your reasons for wanting to participate in KCS \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Middle School students** can volunteer either Tuesday or Thursday afternoons, please check the day you would prefer to volunteer: Tuesday  Thursday  Either

**For Office use ONLY:**

Date received \_\_\_\_\_ MDS or HS Session Start \_\_\_\_\_

Contact \_\_\_\_\_

Can't attend  No Response  NO SHOW  FULL (Wait List)

# Consent Form

## TO BE FILLED OUT BY PARENT/GUARDIAN



Student's Name \_\_\_\_\_ Parent's Email \_\_\_\_\_  
(Please Print clearly)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
(Please Print Clearly)

Emergency Contact #1: \_\_\_\_\_ Telephone \_\_\_\_\_  
Name/Relationship (Please Print Clearly)

Emergency Contact #2: \_\_\_\_\_ Telephone \_\_\_\_\_  
Name/Relationship (Please Print Clearly)

Should the above contact be unavailable, I give Rancho Coastal Humane Society (RCHS) permission to take medical precautions if necessary. Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies to animals or medication? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list

**Canine kennel cough, Feline upper respiratory infection, intestinal parasite infections such as tapeworm, roundworm, and ringworm can occur. Students will not knowingly be directly exposed to or interact with unhealthy animals. However as a preventative measure, care in washing hands thoroughly before leaving the shelter, removal of shoes before entering your home/yard, and changing clothing prior to contact with personal pets is recommended.**

**I understand that classroom topics for discussion may include animal welfare issues such as cruelty, domestic violence and euthanasia.**

**I agree to allow RCHS to use any photos or videos taken of my child for use in all PR efforts, any and all publications, including website entries, without compensation or notification or any other consideration.**

**I release Rancho Coastal Humane Society, its Board of Directors, staff and volunteers from any and all liability arising from performing community service at this facility. I have read and understand the above statements and have received a copy for my records.**

\_\_\_\_\_  
Parent or Guardian (Please Print Clearly)

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

\*Please email, mail, fax or deliver forms in person. **We do not accept pictures of the application taken with your phone.** Send to 389 Requeza Street, Encinitas, CA 92024 Phone: 760-753-6413 Fax: 760-753-6664  
email: [education@sdpets.org](mailto:education@sdpets.org)