

Group Volunteer Service Agreement

Agreement for the primary Group Point of Contact



English | Revised August 2026 | v2.0

Who signs: The primary Group Point of Contact (Group POC) completes this agreement. Each participant must also complete the regular Volunteer Service Agreement.

1. Group and activity information

Group or organization name: _____

Activity Date(s): _____

Estimated participant count: _____

Participant age range: _____

*I understand that if my group has more than 5 minors, a 2nd adult is required.
(5 students to 1 adult). ____ Yes ____ N/A*

Primary Group POC name: _____

Primary Group POC email: _____

Primary Group POC phone: _____

Optional second Group POC name: _____

Optional second Group POC email or phone: _____

2. Enrollment and paperwork

____ My PVAS volunteer account has been established before the group activity.

____ I will ensure each participant completes the regular Volunteer Service Agreement before service, in advance or upon arrival.

Participants age 10 and older may participate in standard activities.

____ I understand participants under age 10 may only participate in designated age-appropriate activities and will require additional signage and direct staff or volunteer oversight.

____ If appropriate supervision or alternative activities cannot be provided, I understand participants under age 10 may not participate.

____ I will ensure each minor participant provides the required parent/guardian consent or release.

3. Group POC responsibilities

_____ I will communicate PVAS instructions, provide accurate attendance information, and notify CEED of material changes.

_____ I remain responsible for group coordination and participant conduct and will support staff direction.

_____ I understand participation is subject to capacity, staff direction, approved assignments, safety, animal welfare, and operations.

_____ I will ensure participants sign in and out, stay with the group unless authorized, perform approved tasks, and follow the general and group policies.

4. Changes, cancellation, and termination

PVAS may change assignments, limit participation, reschedule, pause, or cancel because of safety, animal welfare, weather, staffing, capacity, emergencies, or operations. PVAS may remove or terminate an individual or group when appropriate.

5. Risk acknowledgment, release, and indemnification

I understand shelter service may involve unpredictable animals, bites, scratches, allergens, zoonotic disease, noise, odors, physical work, weather, and other hazards. On behalf of myself and to the extent I am authorized for the group, I accept the risks and release, indemnify, defend, and hold harmless PVAS and its directors, officers, employees, agents, and volunteers from claims arising from injury or property damage. Each participant's individual rights and obligations remain in their own agreement.

6. Signatures

I certify the information is accurate, I am authorized to coordinate the group, and I sign knowingly and voluntarily.

Primary Group POC signature: _____

Date: _____

PVAS/CEED representative: _____

Date: _____

Confirmed activity or notes: _____

Contact information

Community Engagement & Education Department (CEED) | volunteer@pvastx.org
(956) 478-9881 | (956) 250-8300

Laurie P. Andrews Center | 2451 N Expressway 281, Edinburg, TX 78541

Sunday-Thursday: 9:30 AM-5:30 PM | Friday-Saturday: 9:30 AM-6:00 PM

Group Minor Participant Parent/Guardian Consent & Release

Organized group volunteer activity | Ages 10-17



English | Revised August 2026 | v1.0

Purpose: This supplemental form is for a participant age 10-17 serving through an organized group. It does not place the participant in the regular individual youth program and does not automatically require a parent/guardian to remain beside the participant.

1. Participant information

Minor participant full name: _____

Date of birth: _____

Group or organization name: _____

Activity date: _____

Primary Group POC name: _____

2. Parent/guardian consent

- ☐ I am the parent or legal guardian and give permission for the minor to participate in this organized PVAS group activity without monetary compensation.
- ☐ I understand group participants must be age 10 or older and serve under the Group POC structure. Participants under 10 need special supervision.
- ☐ I understand a parent/guardian is not automatically required to remain beside the minor, but PVAS staff and the Group POC may establish supervision, assignment, safety, or capacity controls.
- ☐ I reviewed the Volunteer Guidelines & Policies, Group Volunteer Guidelines & Policies, and Volunteer Service Agreement with the minor and will support compliance.

3. Risk, medical responsibility, release, and indemnification

I understand volunteer service may involve unpredictable animals, bites, scratches, allergens, zoonotic disease, noise, odors, physical work, weather, and other hazards. I knowingly permit participation and assume these risks. PVAS does not provide health insurance; I am responsible for medical care and costs. I release, indemnify, defend, and hold harmless Palm Valley Animal Society, its directors, officers, employees, agents, and volunteers from claims, liabilities, losses, judgments, costs, or expenses arising from injury or property damage connected with minor's group volunteer service.

4. Photo and video permission

Please initial your selection below to indicate your preference:

PVAS may photograph, record, and use images, videos, or recordings of volunteers and volunteer activities for PVAS communications and promotional purposes, including in print materials, on websites, through email, on social media, and in other PVAS communications.

___ I grant PVAS permission to photograph, record, reproduce, publish, and use my name, image, likeness, voice, and volunteer activities in print, video, websites, email, social media, and other PVAS communications without payment. I waive any right to inspect or approve finished materials and any right to royalties or other compensation.

___ I DO NOT grant PVAS permission to photograph, record, reproduce, publish, or use my name, image, likeness, voice, or volunteer activities in PVAS communications or promotional materials. I understand that PVAS will make reasonable efforts to honor this request.

5. Emergency and parent/guardian information

Parent/guardian printed name: _____

Relationship: _____

Primary phone number: _____

Alternate phone number: _____

Email address: _____

Emergency contact if different: _____

Emergency contact phone: _____

6. Signatures

We have read and understand this form, had the opportunity to ask questions, and sign knowingly and voluntarily.

Minor participant signature: _____

Date: _____

Parent/guardian signature: _____

Date: _____