

## **VOLUNTEER LIABILITY RELEASE**

I agree to work as a volunteer for HCPHES Veterinary Public Health. I understand and agree that I will receive no compensation, wages, insurance coverage or any other employment benefit for my work as a volunteer.

*By my signature below, I represent that I am qualified and want to serve as a volunteer. I represent and warrant that I have never been charged with or convicted of a violation of any criminal statute, whether felony or misdemeanor, and further represent and warrant that I am not now or have never been on any form of parole, probation or deferred adjudication. I hereby authorize the HCPHES to research my personal background, as it deems necessary, based on my volunteer role. While working as a volunteer, I also agree to follow the instructions provided to me by HCPHES Veterinary Public Health.*