



Eagle Scout Project Worksheet

FOR OFFICE USE ONLY
Notes:

Name: _____ Age: _____

Troop #: _____ Phone Number: _____

Email address: _____

Parent's Name(s): _____

Address: _____

Date to start project: _____ Date project will be complete: _____

Please give a brief description of your project (If you need ideas for projects, please contact education@sahumane.org):

What materials will you need to get donated?

What do you plan to accomplish by doing this project?

Who will be helping you with this project? (Names and contact information)

I, _____ hereby agree that I will do my best to complete the above described project by the said date. If for any reason I am unable to complete the project or need to change any details of my project I will contact Humane Educators Sara Phippen (210-226-7461 x136) or Nicole Dearstine (210-226-7461 x140) before the project is due to be complete.

I recognize that in handling animals and performing other tasks near animals, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless SAHS, its agents, servants, and employees from any and all claims, causes of action, or demands or injuries which may be incurred or sustained by me in any way connected with my services for SAHS, including but not limited to animal bites, accidents, or injuries.

Signature _____ Date _____

Must have parent signature if under 18 years of age

My child, _____, has my permission to visit the San Antonio Humane Society in order to complete their Boy Scout Community Service Project under the direction of the Education Department. I understand that my son/daughter will be expected to abide by the rules and regulations, general guidelines, and responsibilities of the SAHS.

Parent/Guardian Signature: _____ Date: _____