



Voice For Horses Rescue Network, Inc  
[www.voiceforhorses.org](http://www.voiceforhorses.org)  
PO Box 566 Toledo, Ohio 43697  
419-276-7443  
voiceforhorses@att.net

## Volunteer Transport Application

### **A. General Information** *(all fields must be completed. If non-applicable enter n/a)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_ CDL? \_\_\_\_\_ # \_\_\_\_\_

Employer: \_\_\_\_\_ Length of employment: \_\_\_\_\_

### **B. Towing Vehicle Information:**

Year, make, and model of towing vehicle: \_\_\_\_\_

Registered to: \_\_\_\_\_ License plate number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Horse trailer: Year: \_\_\_\_\_ Make: \_\_\_\_\_

Length & Height \_\_\_\_\_ Type: \_\_\_\_\_

**Hauling Experience:** (please detail your experience in hauling horses and how long)

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a trailering accident? Yes: \_\_\_ No: If yes, please describe:

\_\_\_\_\_

\_\_\_\_\_

Number of horses you can haul at one time: \_\_\_\_\_

How far are you willing to travel away from home to haul: \_\_\_\_\_

**Confidentiality Statement:**

I agree that certain information concerning Voice For Horses Rescue Network may be confidential and I will use discretion discussing VFHRN policies, procedures, cases and other business with anyone that is not a member of VFHRN. No email message will be forwarded or discussed with anyone without receiving permission from an officer of VFHRN. I have read, understand, and agree to abide to this statement outlined herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Liability Waiver:**

By signing this application, I agree not to hold Voice For Horses Rescue Network liable in the event of injury, death, or damage to any human, animal or property as a result of trailering horses for Voice For Horses Rescue Network. I also agree to carry insurance on my vehicle at all times when hauling horses for Voice For horses rescue Network.

I, the undersigned, have read and understand the following warning:

**WARNING**

**UNDER OHIO LAW (Ohio Equine Activity Statutes § 2305.321 Immunity as to equine activity risks), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

\_\_\_\_\_  
Trailerling Applicant

\_\_\_\_\_  
Date

**Required Documentation:** (copies of must be received before you will be considered for a trailerling volunteer)

Insurance Certificate received:\_\_\_\_ Trailer Photos:\_\_\_\_\_

I, the undersigned, understand that I may be denied as a trailer volunteer for any reason. I also submit that the information on this application is true and that Bluebonnet Equine Humane Society may conduct a background check before approving my application.

\_\_\_\_\_  
Trailerling Applicant

\_\_\_\_\_  
Date

