

Voice For Horses



Rescue Network

Voice For Horses Rescue Network, Inc
PO Box 566 Toledo, Ohio 43697
419-350-4195

www.voiceforhorses.org

VOLUNTEER APPLICATION / WAIVER

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____

Employer: Occupation: _____

Email: _____ Date of Birth: _____

Do you use Facebook?: _____ If yes, name: _____

Do you use Twitter?: _____ If yes, name: _____

Emergency Contact 1/Ph#: _____ Relationship: _____

Emergency Contact 2/Ph#: _____ Relationship: _____

From whom/how did you hear about us? _____

Interests:

- | | |
|---|--|
| <input type="checkbox"/> Administrative/Organizational Support | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Adoption/Fostering Activities | <input type="checkbox"/> Prof'l Svcs (Vet, Farrier, CPA) |
| <input type="checkbox"/> Basic Care Programs (feed, groom, clean, etc.) | <input type="checkbox"/> Program Development |
| <input type="checkbox"/> Camps/Summer Camps | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Educational Programs | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Events | <input type="checkbox"/> Technology/Computers |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Therapy Programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Training, Handling, Riding |
| <input type="checkbox"/> Grant Research and/or Writing | <input type="checkbox"/> Transport |
| <input type="checkbox"/> Lesson Programs | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Workshops |
| <input type="checkbox"/> Outreach | <input type="checkbox"/> Youth Programs |
| <input type="checkbox"/> Other Interest(s): _____ | |

Experience level: ___ Beginner/Novice ___ Intermediate ___ Advanced ___ Expert

Describe Interest/Experience: _____

What do you expect from VFHRN and your volunteer efforts?: _____

Describe your experience with horses, past and present. Use additional page, if needed: _____

Have you volunteered at a horse rescue/sanctuary before? _____ If so, please describe: _____

Have you ever been investigated or charged for cruelty to animals? Y N If yes, Explain _____

Please list any special skills or previous volunteer experiences _____

Do you have asthma, allergies, or any type of physical or psychological condition that might affect your volunteer work? If yes, explain _____

Do you have any physical conditions that would limit your ability to perform heavy lifting, quick movement(s), activities in extreme weather (hot or cold), or other rescue related activities?: _____

General Availability: Days: ___ Sun ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat

Times: _____ Morning _____ Afternoon _____ Evening

Reason for Volunteering: _____

Affiliations (clubs, associations, etc.): _____

Please list two Non-Family References:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: (____) _____ **Alt Phone #:** (____) _____ **email:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: (____) _____ **Alt Phone #:** (____) _____ **email:** _____

Confidentiality: Volunteer information provided to Voice For Horses Rescue Network is confidential, and will only be used for volunteer planning and coordinating purposes. Voice For Horses Rescue Network will not to disclose or distribute any information contained in these records beyond management volunteers, as needed.

I, _____ (Volunteer Name), declare the above information provided to Voice For Horses Rescue Network is true and correct to the best of my knowledge.

Volunteer Name (please print): _____

Volunteer Signature: _____ **Date:** _____

If Volunteer is a minor (under 18 years old):

Parent/Guardian Name (please print): Relationship: _____

Parent Signature: _____ **Date:** _____

Parent/Guardian Name (please print): Relationship: _____

Parent Signature: _____ **Date:** _____

Voice For Horses Rescue Network
Release of Liability and Waiver of Responsibility

PLEASE READ CAREFULLY BEFORE SIGNING

Due to the inherent risks of equine activities and equine-related activities, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine related activities.

The undersigned hereby releases, waives responsibility, discharges and covenants to not sue All About Equine Animal Rescue, Inc., its representatives, agents, directors, sponsors, or volunteers, jointly or individually, for any loss or claim as a result of personal injury or property damage which might arise from undersigned's participation in any program or activity directly or indirectly involving All About Equine Animal Rescue, Inc. whether or not upon premises then occupied by All About Equine Animal Rescue, Inc.

At any time that Voice For Horses Rescue Network, Inc. does not own the premises it occupies but premises are leased or donated, the owner(s) of said premises are incorporated herein and held harmless by this Release and Waiver.

This Release and Waiver includes, but is not limited to, heirs, assigns, personal representatives or others who might seek to claim loss or injury on behalf of the undersigned.

I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to: working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, riding in an Voice For Horses Rescue, Inc. vehicle, and other mounted and un-mounted equestrian activities, AND ANY ACTIVITIES THAT INVOLVE BEING AROUND HORSES are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury. I ACKNOWLEDGE that I may sustain injuries. I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK. _____ (initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE Voice For Horses Rescue Network, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates, land owners, whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization.
_____ (initial)

I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I, also, ACKNOWLEDGE that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against Voice For Horses Rescue Network, Inc.

and all the other persons mentioned for any damages caused by negligence of the aforementioned parties. I hereby consent to the terms of this waiver. _____ **(initial)**

The undersigned acknowledges that Voice For Horses Rescue Network, Inc., its representatives, agents, directors, sponsors and volunteers have relied upon the foregoing to grant permission to enter the premises and participate in the programs, care and handling of the animals there sheltered. _____ **(initial)**

If undersigned is determined to be in any way detrimental and/or uncooperative with the policies and procedures of Voice For Horses Rescue Network, Inc. then in place for the safety and protection of the animals and other persons present, undersigned may be denied further permission to participate in the activities and programs of Voice For Horses Rescue Network, Inc., wherever they may occur. Notwithstanding, the foregoing Release of Liability and Waiver of Responsibility shall remain in full force and effect. _____ **(initial)**

Should Voice For Horses Rescue Network, Inc. change its name or relocate at any time, the foregoing shall remain in full force and effect. _____ **(initial)**

I understand the risks, hazards, and dangers described above. I understand that these activities may require good physical condition and a degree of skill and knowledge. By my participation, I have represented that possess the physical conditioning and the degree of skill and knowledge necessary for me to engage in these activities safely. _____ **(initial)**

I AM VOLUNTARILY PARTICIPATING IN THE ACTIVITY OR EVENT ASSOCIATED WITH, SPONSORED BY, OR ORGANIZED BY SERR WITH FULL UNDERSTANDING OF INHERENT RISKS, HAZARDS, AND DANGERS INVOLVED.

AND HEREBY ASSUME AND ACCEPT ANY AND ALL RISK OF INJURY, PARALYSIS, ILLNESS, DISEASE OR DEATH. _____ **(initial)**

Lastly, I, for myself, my heirs, successors, executors, and subrogees, hereby KNOWINGLY AND INTENTIONALLY WAIVE AND RELEASE, INDEMNIFY AND HOLD HARMLESS VFHRN, its directors, officers, agents, instructors, employees, members, and volunteers from and against any and all claims, actions, causes of action, liabilities, suits, expenses (including reasonable attorneys' fees) which are related to, arise out of, or are in any way connected with my participation in this activity including, but not limited to, NEGLIGENCE of any kind or nature, whether foreseen or unforeseen, arising directly or indirectly out of any damage, loss, injury, paralysis, illness, disease or death to me or my property as a result of my engaging in these activities or the use of animals or equipment, whether such damage, loss, injury, paralysis, illness, disease or death results from negligence of Voice For Horses Rescue Network, Inc or from some other cause. _____ **(initial)**

I hereby acknowledge and assume the risk of participating in any and all horse related activities, including riding, at VFHRN or in any and all locations where VFHRN activities take place. I hereby release VFHRN, its officers, staff members, volunteers, instructors, advisors and/or agents in any location where horse related activities are conducted or horses and/or property are used. I release them from responsibility for accidental physical injury, including death or illness and loss of personal property while at VFHRN. _____ **(initial)**

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities involving VFHRN. I understand that VFHRN **does NOT provide health, accident or liability insurance to participants***. _____(initial)

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above. _____(initial)

PHOTO RELEASE

- I DO
- DO NOT

Consent to and authorize the use and reproduction by Voice For Horses Rescue Network, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of VFHRN.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

OPTIONAL: AUTHORIZATION FOR TREATMENT

The undersigned participant*, and parents or legal guardian of a minor participant*, authorizes members of VFHRN as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician or surgeon, whether on VFHRN property, in a remote location, in an office or in a licensed hospital.

This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature: _____ Date: _____
(participant* or parent/guardian if under 18)

Health Insurance Carrier: _____ Policy

Number: _____

Health Insurance Phone Number: _____

I/WE, the undersigned, have read and understand the foregoing agreement, warnings and Release of Liability and Waiver of Responsibility. I/WE further understand and agree that I/WE are assuming all risk attendant to the handling, care, and/or riding of horses. I/WE attest that all facts conveyed to All About Equine Animal Rescue, Inc., either verbally or in writing, relating to physical condition, age and experience are correct and are being relied upon as such.

| | | |
|-------------------------------|-----------|------|
| Volunteer Name (Please Print) | Signature | Date |
|-------------------------------|-----------|------|

| | | |
|---------|------------|-----|
| Address | City/State | Zip |
|---------|------------|-----|

| | |
|------------|-----------------|
| Home phone | Alternate Phone |
|------------|-----------------|

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I ACKNOWLEDGE that I am waiving any and all rights that I have to bring a lawsuit in which I could assert claim against All About Equine Animal Rescue, Inc. and all the other persons mentioned for any damages caused by the negligence of the aforementioned parties. Parents or guardians of Visitors/Volunteers/Participants will reimburse Voice For Horses Rescue Network, Inc. for defense costs and any judgment associated with any subsequent lawsuit. I hereby consent to the terms of this waiver and allow my child or ward to participate as a visitor/volunteer/participant in the Voice For Horses Rescue Network, Inc.

Parent/Legal Guardian Signature (if visitor/volunteer/participant is under 18 years of age)

| | | |
|-------------------------------------|---------------------------------|------|
| Child Volunteer Name (Please Print) | Age of minor at time of signing | Date |
|-------------------------------------|---------------------------------|------|

| | | |
|---------------------------------|-------------|-------------|
| Father/Legal Guardian Signature | Phone (Day) | Phone (Eve) |
|---------------------------------|-------------|-------------|

| | | |
|---------------------------------|-------------|-------------|
| Mother/Legal Guardian Signature | Phone (Day) | Phone (Eve) |
|---------------------------------|-------------|-------------|

| | | | |
|----------------------|--------------|-------------|-------------|
| Emergency Contact 1/ | Relationship | Phone (Day) | Phone (Eve) |
|----------------------|--------------|-------------|-------------|

| | | | |
|----------------------|--------------|-------------|-------------|
| Emergency Contact 2/ | Relationship | Phone (Day) | Phone (Eve) |
|----------------------|--------------|-------------|-------------|