



352-258-9309
Morrison, FL
www.bhfer.org

Where Life Begins, Again!

Volunteer Application

Please complete the whole form and print neatly.

Date _____

| | |
|----------------|-----------------------|
| Name | Birth Date |
| Address | City, State, Zip Code |
| Home Phone | Work Phone |
| Mobile Phone | Occupation |
| E-mail Address | Web Site |

Please fill in the blanks under the days you are available, with the times you will be available.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

Other: _____

The following questions are for the safety of our staff and other volunteers, this information will remain confidential:

(1) Have you ever been convicted of a felony? Yes _____ No _____

If you selected Yes, please explain.

(2) Have you ever been convicted of a sexual offense? Yes _____ No _____

If you selected Yes, please explain.

(3) Have you ever been convicted of animal cruelty or neglect? Yes _____ No _____

If you have selected Yes, please explain.

More About You . . .

Last 4 #'s of SSN:

Facebook Page:

Other Online Profiles/Pages:

How long have you lived at your current address? _____

If less than 2 years please provide previous residence address:

Employer Name:

Address:

Part
or full
time?

of
Years:

Phone:

REFERENCES

(Make sure to tell them we will call to discuss your ability to volunteer)

1. Personal #1:

Phone:

2. Personal #2:

Phone:

3. Personal #3:

Phone:

If you have volunteered or worked at any equine or animal rescue organization not listed above, please list someone from that organization as a reference.

Website and Phone:

Your Reference's Name and Organization's Name:

Have you been involved with organized horse groups? Yes No

If so, which one(s)? If you no longer participate, why did you leave?

Please complete the following questions about yourself and your experience with horses:

How many years of experience do you have...

Leading horses _____ Grooming horses _____ Providing basic hoof care/cleaning _____

Training horses with ground work _____ Starting a horse under saddle _____

Riding well trained horses _____ Riding "green" broke horses _____ Stall mucking _____

Providing medical assistance to horses _____ Full care and/or maintenance of a horse _____

Working with an average size horse _____ Working with a young horse (*less than 1 yr.*) _____

Working with a draft type horses _____ Working with a wild mustang _____

Please describe your horse experience, based on the year of experience that you have marked above:

Please describe any other experiences or talents that you would like to let us know about:

****Don't worry if you have little of no experience with horses, we have training available for our volunteers!****

Please provide the following emergency information:

Emergency Contact Name / Relation

Home Phone

Mobile Phone

Work Phone

Do you have any medical limitations or are you on any prescription medications? Yes _____ No _____

If Yes, please describe your conditions and alert us to how to help you in an emergency situations:

I understand that by signing this application, I am applying to volunteer at Beauty's Haven and understand that for any reason my application may be denied. I also understand that the information I've provided may be used to request a background check, including criminal records to verify personal information. By signing this application I am verifying that all information I've provided is accurate.

Signature

Date

Parent / Guardian Signature (If Under 18 yrs.)

Date

*Beauty's Haven Farm & Equine Rescue, Inc.
Where Life Begins, Again!*



A 501(c)(3) Non-Profit Organization

Volunteer Consent & Release Form

Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while participating in the services of, or while being on property of, Beauty's Haven Farm & Equine Rescue, Inc. (BHFER), I authorize BHFER to secure and retain medical treatment and/or transportation if needed. This authorization includes any treatment deemed necessary by a treating health care professional and includes but is not limited to x-ray, surgery, hospitalization, and medication. In addition, I authorize BHFER to release my/my child's/my ward's record to any individual involved in medical treatment and/or necessary transportation.

Volunteer's Name: _____

In case of emergency, contact: _____ Phone: _____

Alternate contact: _____ Phone: _____

Physician's name: _____ Phone: _____

Health insurance name (optional): _____ Policy #: _____

Volunteer signature: _____ Date: _____
(Or signature of parent or guardian if volunteer is under age 18)

Photo Release

I hereby consent to and authorize the use of and reproduction by Beauty's Haven Farm & Equine Rescue, Inc. of any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Volunteer Signature: _____ Date: _____
(Or signature of parent/guardian if volunteer is under age 18)

At-Will Statement

As with all Beauty's Haven farm & Equine Rescue, Inc. volunteers, volunteering with BHFER is on an at-will basis. This means your volunteer relationship with BHFER is voluntary on the part of both you and BHFER, and either party may terminate that relationship with or without notice or cause.

Volunteer Signature: _____ Date: _____
(Or signature of parent/guardian if volunteer is under age 18)

*Beauty's Haven Farm & Equine Rescue, Inc.
Where Life Begins, Again!*



A 501(c)(3) Non-Profit Organization

Equine Activity Release and Hold Harmless Agreement

1. I, the undersigned, have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Beauty's Haven Farm & Equine Rescue, Inc. (BHFER), understanding that this Release and Hold Harmless Agreement is a waiver of any and all liability(ies).
2. I understand the potential dangers that I could incur in walking, grooming; feeding; use of horse barn, paddock, trails or horse ring, in any capacity; including, but not limited to, any interactions with other horses. Understanding those risks I hereby release BHFER, its officers, directors, shareholders, employees and anyone else directly or indirectly connected with BHFER from any liability whatsoever in the event of injury or damage of any nature to me or anyone else caused by, or incidental to, my electing to participate in any clinic, workshop, riding, grooming, caring for in any form, maintenance work, equine training and or instruction while on the premises of BHFER owned or operated by Robert and Theresa Batchelor/ BHFER.
3. I understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that by signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property. I recognize and agree that I know which equine professional(s) I will be working with, and acknowledge that I agree said equine professional(s) has/have made reasonable and prudent efforts to determine my ability to engage in the equine activity, and has/have sufficient knowledge of my equine skills as to relieve, release and hold harmless said equine professional(s) from any continuing duty to monitor my equine activities.
4. I further voluntarily agree and warrant to Release and Hold Harmless this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: walking; grooming; exercising, riding, feeding; use of horse barn, paddock, trails or horse arena or round pen, in any capacity; or my failure to understand any equine professional's directions use and control, or lack thereof, of my horse or the horse I have been assigned to.

Person attending equine activity; voluntarily entering into this Release and Hold Harmless Agreement:

Signature Printed Name Date

Address: _____ Phone #: _____

If minor, person representing himself/herself to the lawful Guardian under this Release and Hold Harmless Agreement:

Signature Printed Name Date

Address: _____ Phone #: _____