

## Volunteer Application

Please complete both sides of application and PRINT all information.

Today's Date:

Date of Birth:

Name:

Home Address:

Home Phone:

Cell Phone:

E-mail Address:

Are You Employed?

Work Phone:

Emergency Contact Name:

Emergency Contact Phone:

Relationship:

Equine Experience?

If Yes, How Much?

List any medical concerns we should be aware of: \_\_\_\_\_

Please CIRCLE areas of interest -

Working with Horses-position will be determined following orientation

Groomers

Walkers

Barn Help

Bathing Horses

Turning Horses Out (morning)

Cleaning Tack

Bringing Horses In (evening)

Working Indirectly with Horses via Administration

Assisting with Fundraising

Coordinating Events

Participating on a Committee

Signature:

Print Name:

Parent/Guardian Signature:

(Required if under 18 years old)

How did you hear about Mt. Hope Horse Rescue?



### Waiver for Liability Release

RE: PA Senate Bill 618 - Equine Activities Liability Act dated November 1, 2005

You assume the risk of equine related activities pursuant to Pennsylvania law.

I shall hold Mt. Hope Horse Rescue, Inc. (aka "the facility"), the owners, employees, volunteers and or tenants harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the facility, any animal activities including equine, any horse, pony, dog, cat or animal on the property, living at, visiting or boarding at the facility. As a consideration for my visiting the facility, I assume any risk of damage to property, animal or injury to myself, or anyone visiting the facility with me. I understand that horses can bite, strike, etc., which can cause injury or death. I understand that there are certain risks inherent with handling animals and I knowingly and voluntarily assume the risk involved.

I have read this form, and by signing it, I understand the Pennsylvania Liability Law.

Today's Date:

Print Name:

Signature:

Parent/Guardian Signature: (Required if under 18 years old)

**The following does not need to be completed if accompanied by Volunteer App.**

Home Address:

Home Phone:

Cell Phone:

E-mail Address:

Emergency Contact Name:

Emergency Contact Phone:

Relationship:

Purpose of today's visit: \_\_\_\_\_

How did you hear about Mt. Hope Horse Rescue?