



66 Grassy Hill Rd, East Lyme, CT
Kathy Christensen, Owner
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VOLUNTEER APPLICATION & LIABILITY RELEASE FORM

Upon receipt of the application, a phone interview will be scheduled. Minors (under 18) are required to be accompanied by parent or legal guardian on first day. Volunteers must be 14 years of age or older to volunteer without parent/guardian. Under 14 needs to always be accompanied by parent /guardian to volunteer.

Volunteer Name: _____

Date of Birth: _____ Today's Date: _____

Are you Under 18?: Yes No

Address: _____

City/State/Zip: _____

Phone Number: _____

Volunteer Email: _____

Parent/Guardian E-mail: _____

How did you hear about us?: _____

Are you in need of Community Hours: Yes No Why? _____

How would you like to help? Please check all that apply. I would like to help volunteer with...

**Helping with Fundraising and Events are required for all volunteers. As a non-profit, we rely on donations in order to continue.*

- | | | |
|---|--|---|
| <input type="checkbox"/> Barn Chores | <input type="checkbox"/> Development Committee | <input type="checkbox"/> Grant Writing/Research |
| <input type="checkbox"/> Equine Caregiver | <input type="checkbox"/> Equine Training | <input type="checkbox"/> Grounds Maintenance |
| <input type="checkbox"/> Office Help | <input type="checkbox"/> Marketing | <input type="checkbox"/> Other _____ |

When are you willing to help?

- Weekly Bi-Weekly Monthly

Please select the shift(s) you are available to volunteer: *Morning chores are from 9AM to about 12PM. Evening chores are 5PM to 7PM.*

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Evening **When can you start?** _____

The more you come the more you will learn.

The under signed volunteer, in consideration of participating in any and all horse related activities at Safe & Sound Equine Assisted Services, LLC to include but not limited to: grooming, riding, leading, any and all equine husbandry: hereby forever releases and discharges Safe & Sound Equine Assisted Services, LLC its officers, directors, advisors, agents, volunteers, and/or representatives in any location where horse related activities are conducted. I do hereby hold Safe & Sound Equine Assisted Services, LLC harmless and waive and release forever all claims of damages, for any and all injuries/losses that I or my child/ward may sustain while participating in Safe & Sound Equine Assisted Services, LLC equine rescue and sanctuary volunteer program.

I hereby release Safe & Sound Equine Assisted Services, LLC from responsibility for accidental physical injury, including death or illness and loss of property while fulfilling my role in the volunteer program. I remain fully liable and responsible for any such hospital, doctor, ambulance, dental, and medical fees in the event of an injury to me as a result as a participant in any activities involving Safe & Sound Equine Assisted Services, LLC.

I understand Safe & Sound Equine Assisted Services, LLC does NOT provide health, accident, or liability insurance to participants. The undersigned acknowledges that he/she has read the release form in its entirety, that he/she understands the terms of this release, and has signed the release voluntarily and with full knowledge of the effects there of:

***Volunteer Signature:** _____

***Parent/Legal Guardian Signature:** _____

Date: _____

EMERGENCY CONTACT INFORMATION: Notify immediately in event of Emergency

Name: _____

Full Address: _____

Phone Number: _____

Name: _____

Full Address: _____

Phone Number: _____

Family Physician: _____ **Phone:** _____

Please list any medical condition, medication, or allergies that should be known:

(Optional) Authorization for Treatment

The undersigned participant, parent or legal guardian of a minor participant, authorizes member of Safe & Sound Equine Assisted Services, LLC as agents to consent to any emergency medical treatment and hospital care deemed advisable and rendered by a licensed physician, EMT, or surgeon; whether on Safe & Sound Equine Assisted Services, LLC property, in a remote location, in an office, or license hospital.

This authorization will only be invoked in event there is no communication with emergency contact persons named above, and they cannot be reached.

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

***Signature:** _____ **Date:** _____

Health Insurance Carrier: _____ **Policy #** _____

*Signature must be of parent or legal guardian for minors.

Photo Release

I do give consent

I do NOT give consent

I consent to and authorize the use and reproduction by Safe & Sound Equine Assisted Services, LLC of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of Safe & Sound Equine Assisted Services, LLC.

***Signature:** _____ **Date:** _____

*Signature must be of parent or legal guardian for minors.

Please read and initial beside each statement:

Participant Parent

_____ _____ I understand horses are independent living beings and can be unpredictable.

_____ _____ I understand there are always elements of risk in equine activities, including permanent disability or death, that common sense and awareness can help reduce.

_____ _____ I am aware that at all times when on Safe & Sound Equine Assisted Services, LLC property or elsewhere it is MY Responsibility to:

1. Be alert and respectful of a horses intention signaled with ears, eyes and carried out with teeth and hooves.
2. Speak in a quiet reassuring tone when approaching a horse and avoid sudden movements or noises.
3. Never leave a horse unattended.
4. Always lead a horse with a lead rope.
5. Always wear appropriate clothing, including durable footwear.
6. Put away all equipment after use.
7. Know location of emergency telephone, veterinarian number, and farm staff.
8. Use 911 when appropriate
9. Never be intoxicated at Safe & Sound Equine Assisted Services, LLC or allow others to be so.
10. Smoking is not tolerated at Safe & Sound Equine Assisted Services, LLC.

***Participant Signature:** _____ **Date:** _____

***Parent/Guardian Signature:** _____ **Date:** _____

***Signatures are binding until the end of current calendar year through December 31st. By 1st of January, volunteers are required to resign a re-committal form for the next calendar year to remain a volunteer of Safe & Sound Equine Assisted Services, LLC.**

For Safe & Sound Equine Assisted Services, LLC Official Use Only

Interview Date: _____ Interview By: _____ Start Date: _____ Intends to Help with: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Welcome Packet Provided | <input type="checkbox"/> Google Suite Letter Provided (Minor Only) | <input type="checkbox"/> Google Account Created |
| <input type="checkbox"/> Welcome Packet Signed | <input type="checkbox"/> Google Suite Letter Signed (Minor Only) | <input type="checkbox"/> Added to Facebook Group |