

Southern Hope Animal Rescue & Education
146 White Horse Drive Shawboro, NC 27973
Phone: 252-232-8228

Last Name: _____

Volunteer Application

CONTACT INFORMATION: (please print)

Volunteer's Name: _____ Birth Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Occupation: _____

Additional experience/skills/talents you have that you wish to share with us:

Parent/Legal Guardian Name: (for volunteers under 18): _____

Relationship: _____ Address: _____

City/State/Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

AVAILABILITY TO VOLUNTEER: (Farm hours ~ 9am-5pm, sometimes later)

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Times available: _____ Hours per visit: _____

Other _____

HORSE EXPERIENCE:

Number of years working with horses:

*Leading/grooming _____ *Training on the ground _____ *Training under saddle _____

*Working with green horses _____ *Working with unbroken horses _____

*Stall mucking _____ *Full care/maintenance of a horse _____

Describe your horse experience: _____

Other animal experience; briefly explain: _____

Why do you want to volunteer at SHARE? _____

Have you ever done volunteer work before? _____ Where? _____ How long? _____

WHICH AREAS WOULD YOU ENJOY PARTICIPATING IN MOST:

No Experience Necessary:

-Barn chores _____ -Fundraising events _____ -Dog walking/ play time _____ (some experience)

-Foster dogs/ cats _____ -Grooming horses/ ponies _____

Previous Experience Necessary: REQUIRES EVALUATION AND INTERVIEW

-Training horses (ground work) _____ -Riding _____ -Grant writing / PR _____

-Computer support _____ -Handyman / maintenance _____ -Educational programs _____

Training is available for some of the above volunteer opportunities. Check with SHARE staff if you are interested.

OTHER: _____

How did you hear about us? _____

IF YOU ARE OVER 18, PLEASE COMPLETE THE FOLLOWING: (These questions are being asked for the protection of our staff and volunteers)

Have you ever been convicted of a felony? _____

Have you ever been convicted of sexual offenses? _____

Have you ever been convicted of animal cruelty? _____

MUST CONTAIN ORIGINAL SIGNATURE:

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

Volunteers under 18 May Not Start Volunteering without Parent/Guardian Signature

****A release and hold harmless agreement must accompany this application****

Southern Hope Animal Rescue & Education, a non-profit organization –
146 White Horse Drive, Shawboro, NC 27973

Acknowledgment of Warning and Assumption of Risk and Complete Release

Participant Name: _____
(Please print. Include name of parent or guardian at bottom of form.)

Street Address: _____ City, State & Zip: _____
Home Phone: (____) _____ Email Address: _____

Warning: Under North Carolina Law (CHAPTER 99e of NORTH CAROLINA STATUTES), an Equine Activity Sponsor or Professional is not liable for any injury to, or the death of a participant to Equine activities, resulting in the inherent Risk of Equine Activities.

In consideration of permission to use today and on all future days, the property, Equines (horses, ponies, mules or donkeys), Farm animals (goats, pigs, chickens, sheep, cows), facilities and service of SHARE.

I, the undersigned participant, hereby expressly agree:

That I am fully aware of the inherent risk of Equine Activities, including but not limited to the propensity of Equines to behave in ways that may result in injury, harm or death to persons on or around them; the unpredictability of an Equine reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals. Certain hazards such as surface and sub-surface conditions, collisions with other Equines or objects and the potential of a participant to act in negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I HEREBY ASSUME ANY AND ALL RISKS INVOLVED IN OR ARISING FROM MY PARTICIPATION IN EQUINE OR FARM ANIMAL ACTIVITIES OR MY USE OF OR PRESENCE UPON THE PROPERTY OR FACILITIES OF SHARE. _____(Initial)

To release SHARE and all of its successors, assigns, affiliates, officers, directors, employees, and agents from and agree not to sue any or all of them on account of or in connection with any claims, causes of action, injuries, damages, cost or expenses arising out of my participation in Equine activities or my presence upon or the use of the property, facilities, or service of SHARE whether or not caused by the negligence or other fault of SHARE, or any property or equipment supplied by SHARE. _____(Initial)

That this release shall be binding upon my heirs, assigns, legal representatives, or personal representatives. _____(Initial)

To waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or affects is to provide that a general release Shall not extend to claims, material or otherwise, which the person giving the Release does not know or suspect to exist at the time of the execution of the Release. _____(Initial)

That, if I ignore this agreement and initiate claim or suit against SHARE I will be responsible for all attorneys' fees and costs incurred by SHARE _____(Initial)

That if the participant under this release is a minor child, I as parent or guardian of that minor child undertake the obligation of this release on behalf of the minor child in giving my permission and consent for the minor child to participate in Equine activities and therefore, do agree to the fullest extent allowable by law on behalf of a minor child confer upon SHARE all the benefits of this assumption of risk and complete release and do further agree to indemnify and hold harmless against any claim, demand, or suite including all attorneys' fees and costs incurred by SHARE whether or not the basis for any claim, demand or suit is caused in whole or in part by the actual or alleged negligence or other fault of SHARE, its Equines, Farm Animals, facilities or service. _____(Initial)

Riding ability of participant: Beginner _____ Intermediate _____ Experienced _____(Initial)

Is participant a minor? Yes No (Circle One)

If participant is a minor child, name of parent or guardian:

(Please Print) _____ Parent/Guardian: Relationship: _____

Health Insurance policy number and/or company name: _____

SHARE FARM RULE: ALL MINORS MUST WEAR A HELMET.

Participant's Signature or Parent/Guardian signature if participant is a minor.

Date: