

KENTUCKY EQUINE HUMANE CENTER, INC.

Volunteer Registration

Please complete this Form and return to the Volunteer Coordinator at the Kentucky Equine Humane Center. All new volunteers must attend a volunteer orientation prior to actually volunteering in order to review KyEHC volunteer policies and procedures.

(Please Print)

Full Name _____

Mailing Address _____

City: _____ State _____ Zip _____

Daytime Phone: _____ Evening: _____

Cell Phone: _____

E-Mail Address: _____

Today's Date: _____

Orientation month you wish to attend. _____

Date of Birth: _____ (if you are less than 18 years of age, please provide the name, address, home and work telephone numbers of your parent or guardian)

Name: _____

Address: _____

Home Phone: _____ Phone: _____

**Volunteers over the age of 18 must complete the following:
(Theses questions are being asked for the protection of our staff and volunteers)**

Have you ever been convicted of a felony? ____ yes ____ no

Have you ever been convicted of a sexual offence? ____ yes ____ no

Have you ever been convicted of animal cruelty ____ yes ____ no

How did you hear about the Kentucky Equine Humane Center?

LIABILITY WAIVER VOLUNTEER

Kentucky Equine Humane Center, Inc.

WARNING

Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

RELEASE

As a volunteer for the Kentucky Equine Humane Center Inc. ("KyEHC"), I acknowledge That working with and around equines is inherently dangerous and further specifically acknowledge inherent risks and potential risks posed by my handling, caring for, riding, and/ or training/re-training equines. I knowingly and voluntarily assume any and all such risks. I further represent and warrant to the KyEHC that I possess knowledge of and experience with equines, that I understand the responsibilities and duties of a KyEHC volunteer, and that I am able to perform those duties. By signing below, I, on behalf of myself, my personal representatives, assigns, successors, heirs and next of kin, hereby agree to indemnify and hold harmless KyEHC, its officers, agents, directors, attorneys, employees, consultants and all other persons, whomsoever, acting on its behalf, from any liability KyEHC may incur as a result of my activities, and further do fully release KyEHC, its, officers, agents, directors, attorneys, employees and all other persons, whomsoever acting on its behalf, whether caused by the negligence (ordinary or gross) or otherwise, from any and all liability claims, damages, suits, causes of action (whether based in law or equity and including without limitation any claim for punitive or exemplary damages, responsibility and/or expense (including reasonable attorney's fees) for any bodily injury to, death of, or damage to me, my property and any equine or any other property or person, that may occur as a result of activities associated with KyEHC, including without limitation my volunteer activities or from being in the presence of equines at facilities owned, leased or operated by KyEHC. I am willing and able to accept and hereby do assume full responsibility for my own safety and welfare in connection with my volunteer activities or any association with KyEHC, including full responsibility for and risk of bodily injury, death or property damage due to the negligence (ordinary or gross) of KyEHC.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, the remaining provisions shall not be affected thereby and shall remain in full force and effect.

I have carefully read and voluntarily sign this Release, and acknowledge that no oral representations, statements or inducements relating thereto have been made by KyEHC, or their employees or agents.

Date: _____ Volunteer's Signature: _____

(If volunteer is less than 18 years old this form also must be signed by a parent or guardian)

I am the parent or legal guardian of the volunteer. I have read and understand all of the terms of this Release and voluntarily agree to be bound to those terms.

Date: _____ Parent or Guardian's Signature: _____

KENTUCKY EQUINE HUMANE CENTER, INC.

Volunteer Emergency Information

This form with original signatures must be completed and submitted for EVERY participant to KyEHC before engaging in ANY equine related activity on KyEHC property.

Please notify the following individual (s) immediately in the event of a medical emergency:

Name of volunteer: _____

Emergency Contact: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number (work): _____ (Home): _____

Volunteer's Health Insurance Carrier:

Policy Number _____

Health Insurance Phone Number _____

Do you have any medical limitations or are you on prescription medications?
yes _____ no _____

Please describe condition and list any medications so we could help in an emergency situation:

This information confidential and protected.

KENTUCKY EQUINE HUMANE CENTER, INC

Thank you for agreeing to volunteer for KyEHC. KyEHC values your involvement, input and commitment and could not meet its mission without you. You are an important and integral part of our organization. Because we depend upon volunteers to meet our mission and save equines, we ask that you read, agree to and sign the following.

I understand that the mission of KyEHC is to provide humane treatment and shelter while working as a clearinghouse to seek adoptive homes for all of Kentucky's unwanted equines, regardless of breed. I also understand that KyEHC is committed to educating the public and raising awareness for responsible equine ownership so that fewer equines end up in crises. KyEHC's goal is to work with and serve as a model for organizations with the same mission in other states: to save America's equines from inhumane treatment.

While I will make every attempt to meet my volunteer commitment, if I am unable to do so for any reason, I will contact Julie Cooper at: 859-881-5849 as soon as reasonably possible. Unless otherwise authorized to do so by the Executive Director, I shall not undertake to represent KyEHC to the public in any manner or engage in any activities on behalf of KyEHC at any time. KyEHC reserves all rights to refuse the participation of any volunteer for any reason as determined in the discretion of KyEHC.

I have read and understand the mission of KyEHC. I have also read and agree to abide by the above provisions.

Volunteer: _____ Date: _____

Date: _____

Please check days and number of hours you are available.

	AM	PM
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

KYEHC is a busy facility with many duties and responsibilities for its volunteers. The following is a list of some of the tasks that volunteers fulfill

Please place a check by the tasks that you have experience with or would interest you:

In the Barn:

Task	Have Experience	Would like to learn	No interested
Cleaning Stalls			
Cleaning Feed Tubs and Water Buckets			
Feeding Horses			
Checking and Filling Outside Waterers			
Cleaning and Organizing Tack Room			
Cleaning Tack			

Maintenance:

Task	Have Experience	Would like to learn	No interested
Mowing the yard			
Mowing the pastures			
Weed Eating			
Cleaning Fence Rows			
Shoveling Snow			
Repairing Fencing			

Administrative:

Task	Have Experience	Would like to learn	No interested
Organizing Paperwork			
Creating Databases			
Assisting in Reviewing Adoption Applications			
Updating the Website			
Assisting with Fundraisers or Special Projects			
Assisting with Educational Programs			

Horse Duties:

Task	Have Experience	Would like to learn	No interested
Grooming Horses			
Leading Horses			
Assisting the Bathing of Horses			