



MITCHELL FARM EQUINE RETIREMENT, INC

VOLUNTEER REGISTRATION & RELEASE FORM

PLEASE PRINT

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ E-MAIL _____

PLACE OF EMPLOYMENT/SCHOOL _____ Occupation: _____

PARENT/GUARDIAN NAME _____ PHONE _____

(for volunteers under 18 years of age)

My employer gives time off for volunteering _____ My employer matches cash donations _____

How did you hear of Mitchell Farm? Friend Relative Newspaper/Flyer Web site Other _____

Reason for volunteering: personal fulfillment ____ School requirement ____ Court ordered community service ____

other _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO RELEASE: ____ I consent to and authorize ____ I do not consent to nor do I authorize the use and reproduction by Mitchell Farm Equine Retirement, Inc. of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

POLICY OF CONFIDENTIALITY: Confidentiality is defined as "told in secret or private relations; trusted." Any information in regard to the Mitchell Farm horses, prior owners or prior living conditions must be held in strict confidentiality. It is critical that we respect each individual. Information also applies, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc. of volunteers. Failure to abide by this policy may diminish the quality of the services we provide and result in legal ramifications.

LIABILITY RELEASE: I acknowledge the risks and potential for risks of working with horses, including grievous bodily harm. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Mitchell Farm Equine Retirement, Inc., its Board of Directors, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Mitchell Farm volunteer from whatever cause, including but not limited to the negligence of these related parties.



MITCHELL FARM EQUINE RETIREMENT, INC.

VOLUNTEER REGISTRATION & RELEASE FORM CONT.

Reference & Background Check Information

Reference Name (non-relative) _____ phone _____

Volunteers 18 years and older please complete this portion

Please attach a copy of your driver's license or other photo ID:

If not submitted please indicate reason: _____

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors?

____ Yes ____ No If yes, When? _____

Please explain nature of offense _____

I understand that Mitchell Farm Equine retirement, Inc. may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to serve as a volunteer at Mitchell Farm.

Signature _____ Date _____

The undersigned acknowledges that he/she has read this Volunteer Application, photo release, liability release, policy of confidentiality and the attached precautions and rules in their entirety; that he/she understands the terms of this application, will abide by precautions and rules, has noted that carrying treats into pastures is grounds for immediate dismissal, and has signed this release voluntarily and with full knowledge of the effects thereof.

DATE: _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, both signatures are required)



MITCHELL FARM EQUINE RETIREMENT, INC.

VOLUNTEER GENERAL INFORMATION

1. Please tell us of your experience with horses. _____

2. Your volunteer interests at Mitchell Farm.

____ Horse care: Feeding, grooming etc.

____ Facility: ____ Cleaning paddocks, pastures & stalls

____ Carpentry ____ General maintenance & repairs

____ Equipment Repair ____ Gardening & landscaping

____ Office

____ Special Events & Fundraisers:

____ Planning committees

____ Assist on day of events

3. Please tell us of any other volunteer experiences. _____

4. Do you have a special skill, technical/professional that might be beneficial to Mitchell Farm? If so, please check those that apply: ____ Photography ____ Marketing ____ Construction ____ Fundraising ____ Grant writing ____ Computers ____ Graphic Design ____ Veterinary ____ Farrier ____ Vet Tech ____

5. Please indicate your volunteer availability. Please check the days and time periods you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged with the Volunteer Coordinator following your training & orientation session.

Mornings 8:30 - 10:30 am

Afternoons 3:30 - 5 pm

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



MITCHELL FARM EQUINE RETIREMENT, INC.

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Mitchell Farm Equine Retirement, Inc. to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact _____ Phone _____

Physician 's Name: _____ Town _____ Phone _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____ Policy #: _____

Please indicate any medical conditions and/or medication that may affect your volunteer role and that we should be aware of in the event of an emergency _____

Any Drug Allergies? _____

Any Other Allergies? (bee sting, peanut etc.) _____

Date of last Tetanus shot _____

CONSENT PLAN (to be invoked in me event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the Mitchell Farm Equine Retirement, Inc.

Date _____ Consent Signature _____
(If volunteer is under 18 years of age, both signatures are required)

NON-CONSENT PLAN I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, in the event emergency treatment/aid is required, I wish the following procedures to take place:

**

Date _____ Non-Consent Signature _____
(If volunteer is under 18 years of age, both signatures are required)

****An alternate plan is required if you select non-consent**