



45 Van Rd | N. Augusta, SC 29860 | 803-292-0496

# VOLUNTEER APPLICATION

|  |   |
|--|---|
| <p>Last Name _____</p> <p>First Name _____ Middle _____</p> <p>Address _____</p> <p>City _____ State _____ Zip _____</p> <p>Cell Phone_( ) _____</p> <p>Email _____</p> <p>Age (if under 18) _____ (you must be at least 16 years old to volunteer)</p> <p>Birthday _____ / _____ / _____<br/>Month /Day/ Year</p> | <p><b>DISCLOSURE REGARDING BACKGROUND CHECK</b></p> <p>Hope for Hooves Rescue ("the Company") may obtain information about you from a third party consumer reporting agency for volunteer screening purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, motor vehicle records ("driving records"), or other background checks.</p> <p>You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by Verified Credentials, 20890 Kenbridge Court, Lakeville, MN 55044, 800-473-4934, <a href="http://www.verifiedcredentials.com">www.verifiedcredentials.com</a>. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.</p> |
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## Availability

Please complete the following section to the best of your knowledge. We understand that schedules change but please be mindful when signing up for specific times/days that we are looking for a commitment. If for some reason you can not be present for your scheduled day/time please let us know as soon as possible, preferably the day before, if possible.

I would like to commit to a minimum of two hours for the following days/times: (feeding times are 9:30a-11:30a and 5:30p-7:30p)

Mondays \_\_\_\_\_ to \_\_\_\_\_      Tuesdays \_\_\_\_\_ to \_\_\_\_\_      Wednesdays \_\_\_\_\_ to \_\_\_\_\_

Thursdays \_\_\_\_\_ to \_\_\_\_\_      Fridays \_\_\_\_\_ to \_\_\_\_\_      Saturdays \_\_\_\_\_ to \_\_\_\_\_

I would like to be 'on call'. You can contact me when help is needed for major events or projects.

## Specific areas of interest (please select all that apply)

- Farm Help (grooming, cleaning stalls, cleaning water troughs, etc)
- Office/Administrative (Do you have QB experience?  yes  no If yes, how many years? \_\_\_\_\_)
- Professional Assistance
- Building/Construction projects
- Gardening/Landscaping
- Other (please explain)

SEE OTHER SIDE

# EMERGENCY CONTACT INFO

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## Medical Information

Any known allergies? If so, please list \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of an emergency I authorize Hope for Hooves Rescue to call the contact listed above. If the above contact can not be reached I give Hope for Hooves Rescue or one of their representatives permission to drive me to the hospital listed above.

Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

**If the volunteer is under the age of 18 then this form must be signed by a parent or guardian, as follows:**

Parent/Guardian Name \_\_\_\_\_ Relationship to Minor \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# Volunteer Services Agreement

Thank you for agreeing to volunteer your services at Hope for Hooves Rescue. Please affirm your acceptance of the terms of your agreement to volunteer, as stated below, with your signature.

1. I agree to participate in the activities at Hope for Hooves Rescue. ***I commit to volunteering for a minimum of three months.***
2. I agree to volunteer: (Please check which applies) supervised  unsupervised   
Supervised = assisting with feeding and other activities pertaining to the animals. Unsupervised = working alone with student(s).
3. I consent to Hope for Hooves Rescue performing a background check and understand that I may be ineligible for volunteering based on the results. If necessary, due to being unsupervised with students, I agree to be fingerprinted by a law enforcement agency before volunteering begins.
4. I agree that volunteering in all activities is an act of donating my labor, and possibly my own use of my personal vehicle, free of choice, and agree to perform assigned tasks in a responsible manner. I understand that volunteering for Hope for Hooves Rescue is not an exchange for any consideration, such as pay, benefits, the promise of future employment, or promoting my own personal/professional ventures.
5. I agree to assume the risks of personal property damage, injury, illness or death associated with participation in all activities and I agree to release Hope for Hooves Rescue, it's employees, agents, representatives, and other volunteers from any or all liability that may arise in connection with all activities. I agree that the terms hereof shall serve as an assumption of risks and release for any heirs, estate, executor, administrator, assignees, and for all members of my family.
6. I understand I will not be covered by worker's compensation laws in connection with any volunteer activities.
7. I understand that, as a volunteer, I will not be an employee. Hope for Hooves Rescue and I both hold the right to end my volunteer relationship at any time, for any reason, with or without advanced notice.
8. I understand that the work I perform, and intellectual property I may create in the course of my Hope for Hooves Rescue activities belongs to Hope for Hooves Rescue and I have no rights of ownership.
9. I agree to abide by all applicable Hope for Hooves Rescue policies and not disclose any confidential information concerning students, their guardians, employees, volunteers, unpublished documents or other confidential information of which I may learn in the course of my volunteer service.

\_\_\_\_\_  
Volunteer Name (Printed)

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Parent's Signature (if volunteer is under 18 years old)

\_\_\_\_\_  
Today's Date

# Photo Use Release Form

I, \_\_\_\_\_, hereby grant and authorize Hope for Hooves Rescue the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me by Hope for Hooves Rescue to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless Hope for Hooves Rescue otherwise revokes said authorization in writing.

I understand and agree that these materials shall become the property of Hope for Hooves Rescue and will not be returned.

I hereby hold harmless, and release Hope for Hooves Rescue from all liability, petitions, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

\_\_\_\_\_  
Printed name of Volunteer (Parent or legal guardian)

\_\_\_\_\_  
Signature of Volunteer (Parent/Legal Guardian if under 18)

\_\_\_\_\_  
Today's Date

# WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in ANY EQUINE-RELATED ACTIVITY INCLUDING, BUT NOT LIMITED TO, INSTRUCTION AND TRAINING (hereinafter the 'Activity'); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, 'Releasor', 'I' or 'me', which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge HOPE FOR HOOVES RESCUE, located at 45 Van Rd, North Augusta, SC 29860, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively 'Releasees'), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Hope for Hooves Rescue to provide emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AED's, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Hope for Hooves Rescue official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS 'WAIVER AND RELEASE OF LIABILITY' AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE HOPE FOR HOOVES RESCUE AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST HOPE FOR HOOVES RESCUE FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Hope for Hooves Rescue, its agents, employees and volunteers.

I agree that this Release shall be governed for all purposes by South Carolina law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my agents' willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two or more parties of equal bargaining strength. Both Participant and Hope for Hooves Rescue agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

***I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND ITS CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING IT OF MY OWN FREE WILL.***

\_\_\_\_\_  
Volunteer Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian Name (if under 18)

\_\_\_\_\_  
Volunteer Signature (Parent or Legal Guardian if under 18)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Volunteer Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

# COVID-19 Liability Release Waiver

The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which Hope for Hooves Rescue, (the "Organization") adheres to comply with.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

I am aware of the existence of the risk on my physical appearance to the venue and my participation in the activity of the Organization that may cause injury or illness such as, but not limited to Influenza, MRSA, or COVID-19 that may lead to paralysis or death.

- I have not experienced symptoms of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.
- I have not, nor any member(s) of my household, traveled by sea or by air, internationally within the past 30 days.
- I have not, nor any member of my household, visited any area within the United States that was reported to be highly affected by COVID-19, within the last 30 days
- I have not been, nor any member(s) of my household, diagnosed to be infected of COVID-19 virus within the last 30 days.

## Following the pronouncements above I hereby declare the following:

- I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may be at risk of contracting COVID-19.
- With full knowledge of the risks involved, I hereby release, waive, discharge the Organization, its board, officers, independent contractors, affiliates, employees, representatives, successors, volunteers and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any activity while in, on, or around the premises or while using the facilities that may lead to unintentional exposure or harm due to COVID-19.
- I agree to indemnify, defend, and hold harmless the Organization from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19.
- By signing below I acknowledge that I have read the foregoing Liability Release Waiver and understand its contents; that I am at least eighteen (18) years old and fully competent to give my consent; That I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed; that I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same, and free from any inducement or representation.

**This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.**

\_\_\_\_\_  
Volunteer Name

\_\_\_\_\_  
Volunteer Signature

Today's Date: \_\_\_\_\_

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# PARENT/GUARDIAN WAIVER FOR MINORS

In the event that the volunteer is under the age of consent (18 years of age), then this Liability Release Waiver must be signed by a parent or guardian, as follows:

I HEREBY CERTIFY that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

\_\_\_\_\_  
Parent or Legal Guardian Name (Printed)

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Today's Date