

Days End Farm

Horse Rescue

15856 Frederick Rd. , P.O. Box 309
Lisbon, MD 21765

Volunteer Application

Please Print

Date: _____

Name: _____

Street Address: _____

P.O. Box: _____

City: _____ State: _____ Zip Code: _____ - _____

Home Phone: _____ Work Phone: _____

Occupation: _____

E-mail: _____ Web Site: _____

Please Check:

Days Available to Volunteer: Farm Hours 8 am to 5 pm, Evening barn work available

Week Days _____ Week Nights _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Weekends:

Saturday _____ Sunday _____

Times Available: _____ Hours per Visit: _____

Other: _____

Status:

Birthdate: _____ Gender: _____

Participant's Signature: _____

(If Under 18) Parent / Guardian Signature:

Volunteers Under 18 May Not Start Volunteer Service Without Parent Signature

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 Experience / Talents you wish to share:

Why do you want to volunteer at DEFHR?

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 _____ Girl Scout side-walker _____

DEFHR Booths at Fairs / Shows _____ Distributing Materials _____ Office Help _____

ERT - Emergency Rescue Team _____ RED Team - Rescuing Equines in Disasters (all states) _____

Which areas would you enjoy participating in most?

Previous Experience Necessary: REQUIRES EVALUATION AND INTERVIEW:

Tours of DEFHR _____ Training Horses _____ Girl Scout Program _____
Grant Writing / PR _____ Bookkeeping _____ Handyman / Maintenance _____
Other Educational Programs _____ ERT - Emergency Rescue Team _____
RED Team - Rescuing Equines in Disasters (all states) _____

**Training is available for some of the above volunteer opportunities. Check with
DEFHR Staff if you are interested.**

How did you hear about DEFHR? _____

Have you attended a DEFHR Orientation? _____ When? _____

Do you have any medical limitations or are you on prescription meds? _____

If yes describe condition so we could help in an emergency situation:

VOLUNTEERS OVER THE AGE OF 18 MUST 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 offences? _____

Have you ever been convicted of animal cruelty? _____

MUST CONTAIN ORIGINAL SIGNATURE

PLEASE READ CAREFULLY AND INITIAL BESIDE EACH STATEMENT BELOW:

_____ I understand that horses are independent living beings with their own minds and as such, can never be entirely predictable.

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

_____ **I am aware that at all times when on Days End Farm Horse Rescue, Inc. (DEFHR) property it is MY RESPONSIBILITY to:**

1. Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
2. Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
3. Never leave horses unattended with their stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
4. Always lead horses properly with a lead shank.
5. Always wear appropriate clothing including durable shoes.
6. Pick up and replace tack and equipment I have used in the barn or arena.
7. Know locations of emergency telephones, ambulance and veterinarian's phone numbers, and farm staff.
8. Know all fire emergency procedures and never be intoxicated in the stable or allow others to do so.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of DEFHR staff and instructors unless I believe that by doing so I will endanger myself, other people, or horses, in which case I will immediately express my opinion to the person involved.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

_____ **I am aware that at all times when riding, it is my responsibility to:**

1. Never ride alone.
2. Check all equipment and tack including the saddle, girth, straps, bridle, bit and curb strap prior to use for signs of weakness and proper adjustment.
3. Use proper equipment and attire including a regulation hard-hat with a chin harness snugly fastened at all times and boots with heels. I also understand that regulation hard-hats are available for use at DEFHR and that if I choose not to do so, I am wholly responsible for any consequence of not doing so.
4. Ride in control ONLY on horses rated within my ability level.
5. Be constantly aware of, anticipate, and be able to avoid nearby horses, people, and obstacles, or natural and man made hazards.
6. Never tailgate and always audibly alert nearby riders and people on the ground in advance of changes in direction or when overtaking another horse.

_____ I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people, or horses, face immediate revocation of riding privileges WITHOUT EXCEPTION and removal from the premises.

*Participant: _____

Parent/Legal Guardian: _____

Date: _____

***Participant:** Defined as any individual who knowingly participates in any DEFHR activity both on or off DEFHR property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by DEFHR.

DEFHR Rider/Volunteer Responsibility Code
(Revised January 27, 2007)

Last Name: _____

MUST CONTAIN ORIGINAL SIGNATURE

Must be submitted for EVERY DEFHR *participant. One copy must be in the possession of DEFHR at all times. A "Change of Information" form must be submitted to DEFHR in the event of any changed information. It is the responsibility of the *participant to ensure that all information is accurate.

REQUIRED INFORMATION: PLEASE PRINT

*Participants Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Parent/Legal Guardian: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Signature of Parent/Legal Guardian _____ Date: _____

(For Every *Participant Age 18 or Younger)

EMERGENCY INFORMATION

This form with original signatures must be completed and submitted for EVERY *participant to DEFHR before engaging in ANY horse related activity on DEFHR property. One copy must be kept at all times in the possession of DEFHR at all times.

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other Emergency Contact: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Health Insurance Carrier: _____ Policy Number: _____

Health Insurance Phone Number: _____

Family Physician: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Last Tetanus Shot: _____

List All Special Medical Conditions, Medications or Allergies that Staff or Emergency Personnel Should Be Aware of:

Signature of *Participant Date

Signature of Parent/Legal Guardian Date

***Participant:** Defined as any individual who knowingly participates in any DEFHR activity both on or off DEFHR property, including lessons, barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by DEFHR.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE

The Undersigned _____ (PRINT NAME) does hereby acknowledge and assumes the risk of participation in any and all horse related activities, including riding, at DEFHR or in any and all locations where DEFHR activities take place. He/she does hereby acknowledge that he/she will release, Days End Farm Horse Rescue, Inc., its officers, staff members, volunteers, instructors, advisors, and/or agents in any location where horse related activities are conducted or horses and/or property are used, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at Days End Farm Horse Rescue, Inc. as aforesaid. He/she shall also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving Days End Farm Horse Rescue, Inc. as aforesaid. Liability insurance is also strongly urged. He/she hereby agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her or other individual associated with or while participating in any horse related activity or event either at Days End Farm Horse Rescue, Inc. or at a remote location, and understands that **Days End Farm Horse Rescue, Inc. does not provide health, accident, or liability insurance to *participants in horse related activities.**

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

Signature of *Participant

Date

Signature of Parent/Legal Guardian

Date

OPTIONAL: AUTHORIZATION TO CONSENT TO TREATMENT

This section is to be filled in and signed by adult *participant, or parent/legal guardian of minor, if desired.

The undersigned *participant, _____, and parents or legal guardian of a minor *participant, whose medical insurance is carried by _____, Policy number _____ authorizes members of DEFHR as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on DEFHR property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This Authorization shall remain effective indefinitely unless revoked in writing.

Signature of *Participant

Date

Signature of Parent/Legal Guardian
(For *Participants Under 18)

Date

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