



169 Black Hill Road, Plainfield CT 06374  
 Kris Golden, Volunteer Coordinator  
 (860) 932-2128 • volunteer@hayburrinn.org • HayBurrInn.org

## VOLUNTEER APPLICATION & LIABILITY RELEASE FORM

Upon receipt of the application, a phone interview will be scheduled. Minors (under 18) are required to be accompanied by parent or legal guardian on first day. Volunteers must be 14 years of age or older to volunteer without parent/guardian. Under 14 needs to always be accompanied by parent /guardian to volunteer.

**Volunteer Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**Are you Under 18?:**       Yes       No

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Volunteer Email:** \_\_\_\_\_

**Parent/Guardian E-mail:** \_\_\_\_\_

**How did you hear about us?:** \_\_\_\_\_

**Are you in need of Community Hours:**       Yes       No      **Why?** \_\_\_\_\_

**How would you like to help?** Please check all that apply. I would like to help volunteer with...

*\*Helping with Fundraising and Events are required for all volunteers. As a non-profit, we rely on donations in order to continue.*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Barn Chores      | <input type="checkbox"/> Development Committee | <input type="checkbox"/> Grant Writing/Research |
| <input type="checkbox"/> Equine Caregiver | <input type="checkbox"/> Equine Training       | <input type="checkbox"/> Grounds Maintenance    |
| <input type="checkbox"/> Office Help      | <input type="checkbox"/> Marketing             | <input type="checkbox"/> Other _____            |

**Please select the shift(s) you are available to volunteer:** Morning chores: 9 am to 12 pm. Evening chores: 5 pm to 8 pm.

*The more you come, the more you will learn! It is highly encouraged to plan on twice a week.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**When can you start?** \_\_\_\_\_

The under signed volunteer, in consideration of participating in any and all horse related activities at Hay Burr Inn equine rescue and sanctuary to include but not limited to: grooming, riding, leading, any and all equine husbandry: hereby forever releases and discharges Hay Burr Inn, its officers, directors, advisors, agents, volunteers, and/or representatives in any location where horse related activities are conducted. I do hereby hold Hay Burr Inn harmless and waive and release forever all claims of damages, for any and all injuries/losses that I or my child/ward may sustain while participating in Hay Burr Inn equine rescue and sanctuary volunteer program.

I hereby release Hay Burr Inn from responsibility for accidental physical injury, including death or illness and loss of property while fulfilling my role in the volunteer program. I remain fully liable and responsible for any such hospital, doctor, ambulance, dental, and medical fees in the event of an injury to me as a result as a participant in any activities involving Hay Burr Inn.

I understand Hay Burr Inn does NOT provide health, accident, or liability insurance to participants. The undersigned acknowledges that he/she has read the release form in its entirety, that he/she understands the terms of this release, and has signed the release voluntarily and with full knowledge of the effects there of:

**\*Volunteer Signature:** \_\_\_\_\_

**\*Parent/Legal Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION: Notify immediately in event of emergency.**

**Name:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Please list any medical condition, medication, or allergies that should be known:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**(Optional) Authorization for Treatment**

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The undersigned participant, parent or legal guardian of a minor participant, authorizes member of Hay Burr Inn as agents to consent to any emergency medical treatment and hospital care deemed advisable and rendered by a licensed physician, EMT, or surgeon; whether on Hay Burr Inn property, in a remote location, in an office, or license hospital.

This authorization will only be invoked in event there is no communication with emergency contact persons named above, and they cannot be reached.

This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as a health care giver may deem advisable. The authorization will remain in effect indefinitely unless revoked in writing.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

\*Signature must be of parent or legal guardian for minors.

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**Photo Release**

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**I do give consent**

**I do NOT give consent**

I consent to and authorize the use and reproduction by Hay Burr Inn Corp of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of Hay Burr Inn.

**\*Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Signature must be of parent or legal guardian for minors.

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**Golf Cart Permission (For Age Group: 16 & 17)**

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As parent or legal guardian, I grant permission for, \_\_\_\_\_, to operate the golf cart on property.

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## Fundraisers

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I agree that fundraising is an active part of Hay Burr Inn, needed for daily operation and that Hay Burr Inn expects and is mandatory that volunteers participate in fundraising activities.

**\*Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Please read and initial beside each statement:

Participant      Parent

\_\_\_\_\_      \_\_\_\_\_ I understand horses are independent living beings and can be unpredictable.

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

\_\_\_\_\_      \_\_\_\_\_ I am aware that at all times when on Hay Burr Inn property or elsewhere it is MY Responsibility to:

1. Be alert and respectful of a horses intention signaled with ears, eyes and carried out with teeth and hooves.
2. Speak in a quiet reassuring tone when approaching a horse and avoid sudden movements or noises.
3. Never leave a horse unattended.
4. Always lead a horse with a lead rope.
5. Always wear appropriate clothing, including durable footwear.
6. Put away all equipment after use.
7. Know location of emergency telephone, veterinarian number, and farm staff.
8. Use 911 when appropriate
9. Never be intoxicated at Hay Burr Inn or allow others to be so.
10. Smoking is not tolerated at Hay Burr Inn.

\_\_\_\_\_      \_\_\_\_\_ I understand this is volunteer based organization and commitment is taken seriously to ensure equines receive proper care and fundraising is everyone's responsibility.

**\*Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*Signatures are binding until the end of current calendar year through December 31<sup>st</sup>. By 1<sup>st</sup> of January, volunteers are required to resign a re-committal form for the next calendar year to remain a volunteer of Hay Burr Inn Corp.*