

# Volunteer Application

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

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail: \_\_\_\_\_ Work# \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ M/F

Place of work or school: \_\_\_\_\_ Grade: \_\_\_\_\_

Days available to volunteer \_\_\_\_\_ times: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Meds: \_\_\_\_\_

Reasons for volunteering: \_\_\_\_\_

What do you expect to gain from volunteering? \_\_\_\_\_

Where have you volunteered before?: \_\_\_\_\_

Are you currently volunteering someplace? \_\_\_\_\_

Where: \_\_\_\_\_ How often?: \_\_\_\_\_

Do you have any health or Physical restrictions?: \_\_\_\_\_

If so, What? \_\_\_\_\_

What animals do you have experience with?: \_\_\_\_\_

Are there any animals or activities you do not feel comfortable working with?: \_\_\_\_\_

Are you interested in therapeutic riding? \_\_\_\_\_

Lead walking? \_\_\_\_\_ Side Walking? \_\_\_\_\_

Are You comfortable in working with disabled persons? Y/N

How did you learn about our facility? \_\_\_\_\_

# Volunteer Application

**Mother/Guardian:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

**Place of Work:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**In case of an emergency involving:** \_\_\_\_\_

(Volunteer's Name)

**and every attempt has been made to reach me** \_\_\_\_\_

(Name of Parent or Guardian)

\_\_\_\_\_, **I give my consent for**

**Serendipity Farm & Stables to transport** \_\_\_\_\_

(Volunteer's Name)

**to the nearest emergency facility for treatment.**

**I have read and agree to abide by all the volunteer and barn rules. I have also read and signed the volunteer liability waiver and agree to initial and date it each time I volunteer.**

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\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Name of Volunteer)

\_\_\_\_\_  
(Date)

## For Office Use Only

\_\_\_\_\_  
(General Liability Waiver Signed)

\_\_\_\_\_  
(Volunteer Liability Waiver Signed)

\_\_\_\_\_  
(Checked By)

\_\_\_\_\_  
(Date)



# Serendipity Farm & Stables

## Volunteer Liability Waiver & Release

In consideration for volunteering at Serendipity Farm & Stables (SFS),  
on behalf of my self and/or the parent or guardian of \_\_\_\_\_

(Name of Child or Children)

(Current Address)

(Phone Number)

I voluntarily agree as follows:

- I understand that volunteering at a therapeutic farm facility offers risks while working with horses, sheep, llamas, goats, ducks, mules, & rabbits.
- I will only follow the instructions left for me as well as designated general volunteer chores. I realize that all animals can be temperamental and that risks are always possible. I will attend a volunteer training session and any other that are deemed necessary.
- I will comply with all posted rules both for the barn, general public and volunteers
- I will not share any ideas learned or otherwise from SFS to anyone
- I will not ride or tack any horse or other wise
- I will not invite any person(s) not on the volunteer list or approved
- I will not go out into the pasture with out prior permission
- I will not operate any equipment without permission or that I have not been check out on

While volunteering, I assume myself as a representative of Serendipity Farm & Stables. I will act and dress in a professional manner and respect all those I come in contact with. I further accept and assume all risks (whether listed above or otherwise) of injury or death associated with or result from farm or other activities and for accidents caused by negligence of any individual or situation. I realize that I may offer to volunteer at such events as "Open House" or other family or public venues. I accept this waiver to carry to any such event. I will hold no person(s) of the Pike family, SFS, employees both past & present, volunteers, exhibitors & such for any liability including physical injury from animal, environment, or allergic reaction (both known & unknown).

Under Ohio law, an equine facility is not liable for injury or damages resulting from the inherent risks of equine activities. By your presence on these grounds you accepted the limits and liability of these equine and farm activities. Ohio Revised Code 2305.321

(Signature of Parent of Guardian)

(Date)