



13 HANDS EQUINE RESCUE, INC.
50 TUSCAN WAY
CLINTON CORNERS, NY 12514
INFO@13HANDSEQUINE.ORG

13 HANDS EQUINE RESCUE VOLUNTEER APPLICATION

Name: _____ Date: _____
Street: _____ City _____ State _____ Zip Code _____
Phone: _____ email: _____
Date of Birth: _____ Best way/time to reach you: _____

[You must be 18 years of age to submit this application]

Employer: If employed, employer name, address & phone: (students — note school)

References: Please indicate 2 people, who are not relatives that can vouch for your character.

1)

2)

[Provide name, email and phone for the above contacts]

What interests you about becoming a volunteer with 13 Hands Equine Rescue?

[Use the reverse side or send us an email if you need more space - info@13handsequine.org]



13 HANDS EQUINE RESCUE VOLUNTEER APPLICATION (PAGE 2)

| Question | Y/N | Information |
|---|-----|-------------|
| Are you covered by medical insurance? | | |
| Have you ever been convicted of a crime? | | |
| Have you ever been <u>involved</u> in an animal cruelty case? | | |
| Do you currently own a horse? If yes, how many? | | |
| How many hours per week will you be able to volunteer? | | |
| Can you commit to at least 1 day per week to volunteer? | | |
| How did you find out about 13 Hands? | | |
| Would you be willing to do office work occasionally? | | |
| Do you have any medical conditions that would not allow you to do certain things? | | |
| Do you have any special talents you wish to share? Fundraising, grant-writing, WordPress, admin. work, etc. | | |

Is there anything else you think we should know?

By electronically transmitting your Volunteer Application to 13 Hands Equine Rescue, Inc., you are stating that all the information included is true and correct to the best of your knowledge and that you are 18 years of age or older.

If you are not 18 years of age or older, your parent or guardian must submit this for you.

Name of parent or guardian:

I hereby certify and approve this volunteer application and understand that I (parent or guardian) must be in attendance for all volunteer sessions of this minor volunteer. Depending on age/skill of the minor volunteer, we may, at some later date, determine that this rule can be relaxed. This will be a joint decision with the volunteer, their parent or guardian and at the sole discretion of 13 Hands.

Please indicate your agreement with these terms (Yes/No):



Liability Waiver & Hold Harmless Agreement

As a volunteer at 13 Hands Equine Rescue, Inc., I acknowledge the risks and potential for risks of being around horses. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby intend to be legally bound for damages against 13 Hands Equine Rescue, Inc., and its Board of Directors, volunteers, therapists, and/or employees for any and all injuries and/or loss I may sustain while participating with 13 Hands Equine Rescue, Inc.

Name or participant: _____

Signature: _____ Date: _____

By submitting this information to 13 Hands, you are agreeing to this Waiver.

Photo Release

I consent to and authorize the use and reproduction by 13 Hands Equine Rescue, Inc. and its representatives of any and all photographs and any other audiovisual materials taken of me for promotional material, educational activities, exhibitions, fundraisers or for any other use for the benefit of 13 Hands Equine Rescue, Inc. including on the 13 Hands Facebook, Instagram and any other online accounts.

Name or participant: _____

Signature: _____ Date: _____

By submitting this information to 13 Hands, you are agreeing to this Release.

Confidentiality Statement

I understand that all information, in any format, about participants, volunteers, visitors, etc., at 13 Hands Equine Rescue, Inc. is confidential and will not be shared with anyone without the express written consent of the participant and his/her parent/guardian in the case of a minor.

Name or participant: _____

Signature: _____ Date: _____

By submitting this information to 13 Hands, you are agreeing to this Confidentiality statement.

Note: By returning this form with your name and date, you are agreeing with the terms and conditions above. We will ask for your signature when you attend orientation.



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13 HANDS EQUINE RESCUE
EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Name: _____ Date: _____
Phone: _____ email: _____
Date of Birth: _____
Physician's Name: _____ Physician's Phone: _____

Allergies to any medications?

In the event of an emergency, please contact:

| | | |
|-------------|-----------------|--------------|
| Name: _____ | Relation: _____ | Phone: _____ |
| Name: _____ | Relation: _____ | Phone: _____ |
| Name: _____ | Relation: _____ | Phone: _____ |

In the event that medical treatment is required due to illness or injury while on the property, 13 Hands Equine Rescue, Inc. is authorized to:

- Secure and maintain medical treatment and transportation if needed.
- Release participant records to an authorized individual or agency involved in the medical emergency treatment.
- Follow any "lifesaving" procedure(s)/treatment(s) deemed necessary by the physician. This will only be invoked if we are unable to reach the emergency contacts listed.



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13 HANDS EQUINE RESCUE VOLUNTEER ETHICS & SAFETY STANDARDS (PAGE 5)

Thank you for your interest in volunteering with 13 Hands Equine Rescue, Inc. Our volunteers are the heart of our organization. We would not be able to fulfill our mission without you. We believe it is beneficial to develop and foster a close knit, educated team. Safety is our number one concern. Below are some general safety rules. This is by no means every safety rule. Please understand that even if you follow every safety rule, accidents happen.

We will review this and more at your Orientation Session and you will also be provided with a Volunteer Handbook. By submitting your Volunteer Application to us, you agree to adhere to our Ethics & Safety Standards and by any other Rules & Regulations 13 Hands deems necessary.

| Ethics Standards | Safety Standards |
|---|---|
| <ul style="list-style-type: none"> • Respect privacy & property of any participants, visitors or staff (while on and off the property). • Understand and support our mission, • Be positive - always! • Be open-minded and empathetic. • No bullying, no talking down to anyone. Treat everyone the way you want to be treated. • <u>We are one team working towards a common goal.</u> We support one another and help move the mission forward. • It's all about THE HORSES! | <ul style="list-style-type: none"> • Don't do anything you aren't comfortable doing. • Only lead 1 horse at a time • Follow directions of the person in charge, ask questions later. • Children must be supervised at all times • Walk while on property • Do not startle the horses. No sudden movements • No smoking, alcohol or weapons • Never walk behind a horse or approach a horse in an enclosure that you do not know. • If you are holding or leading a horse and it 'spooks', try to calm it down by talking. <u>Remain calm yourself.</u> Release the horse rather than risk your own safety. |

*Please note: There is a \$30.00 processing fee for this application. This fee helps us offset the administrative costs associated with handling applications and contracts. You may pay via **cash**, **check** or **Zelle** bank to bank transaction using the telephone number (914) 325-4941.*

Thank you for your understanding.