



## VOLUNTEER APPLICATION

All volunteers MUST be 18 years old.

|  |        |                    |
|--|--------|--------------------|
| Date:  |        |                    |
| Name:  |        | Date of Birth:     |
| Address:   |        | Apt./Unit:         |
| City:  | State: | Zip:               |
| County:  |        |                    |
| Home Phone:  |        | Cell Phone:        |
| Work Phone:  |        | Email Address:     |
| Preferred method of contact:   |        |                    |
| Do you have transportation to Happy Trails?                                      | Yes    | No                 |
| Occupation:  |        |                    |
| Employer:  |        |                    |
| School Attending:  |        |                    |
| Major:   |        |                    |
|  |        |                    |
| How did you learn of Happy Trails Farm Animal Sanctuary, Inc.?                   |        |                    |
|  |        |                    |
|  |        |                    |
| Briefly explain your experience with farm animals:                               |        |                    |
|  |        |                    |
|  |        |                    |
| Indicate the reason you are seeking a volunteer position (check all that apply): |        |                    |
| Personal Fulfillment   |        | School Requirement |
| Court-ordered community service  |        | Other              |
|  |        |                    |
| Have you volunteered or worked for other non-profit organizations?               | Yes    | No                 |
| If yes, list the name of the organization(s):                                    |        |                    |
|  |        | Years of Service:  |
|  |        | Years of Service:  |
| Describe your responsibilities and/or projects:                                  |        |                    |
|  |        |                    |
|  |        |                    |
|  |        |                    |

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|  |     |    |
|--|-----|----|
| Have you been convicted of a criminal offense? | Yes | No |
| If yes, please explain:                        |     |    |
|  |     |    |
|  |     |    |
|  |     |    |

*All volunteer applicants over the age of 18 are subjected to a criminal background check before they begin their service to Happy Trails Farm Animal Sanctuary, Inc. Happy Trails Farm Animal Sanctuary, Inc., reserves the right to reject applicants who have been convicted of crimes involving violence, alcohol, theft, and any other crime we feel poses a possible risk to our volunteers and/or animals. Likewise, Happy Trails Farm Animal Sanctuary, Inc. has the right to reject applicants who refuse to cooperate in a criminal records check. All information will be kept confidential.*

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

The undersigned hereby grants to a board member of Happy Trails Farm Animal Sanctuary, Inc. the authority to make health care decisions with respect to the volunteer if the undersigned is unavailable to make such decisions. The term “health care” and “medical care decisions” as used in this form shall have the meaning set forth in the Ohio Revised Code Section 1337.11.

|  |                             |
|--|-----------------------------|
| Volunteer Signature:                           | Date:                       |
| Signature of Parent or Guardian (if under 18): | Date:                       |
| <b>EMERGENCY CONTACT INFORMATION:</b>          |                             |
| Name:  |                             |
| Relationship:                                  |                             |
| Day Phone:                                     |                             |
| Evening Phone:                                 |                             |
| Cell Phone:                                    |                             |
| Date of last tetanus/hepatitis B shot?         |                             |
| Blood type:                                    |                             |
| Allergic to any medications?                   | Yes                      No |
| If yes, please list:                           |                             |
|  |                             |
|  |                             |

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Please list any medical conditions and/or any current medications you are using that might affect your volunteer duties or that Happy Trails Farm Animal Sanctuary, Inc. should be aware of in case of an emergency (i.e. bee stings allergies, asthma, back pain, history of seizures, etc.), or any reason (medical, physical or psychologically) that may deem working with animals, other volunteers or the public inappropriate. Please attach additional information if needed.

|  |
|--|
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|  |
|  |
|  |

### RELEASE AND HOLD HARMLESS AGREEMENT

I indemnify, defend and hold Happy Trails Farm Animal Sanctuary, Inc., its volunteers, directors, and property owners, harmless from and against all claims, losses, liabilities and damage to persons or property, government charges, fines, or attorney’s fees arising out of acts or commissions by myself or by the act of animals of Happy Trails Farm Animal Sanctuary, Inc. Happy Trails Farm Animal Sanctuary, Inc. assumes no legal liability for my actions.

I further understand that Happy Trails Farm Animal Sanctuary, Inc. and its representatives are not responsible for acts, occurrences, or elements of nature which include but are not limited to thunder, lightning, rain, snow, wind, and irregular footing which is subject to change in condition according to weather, temperature, usage, and natural and manmade changes in landscape.

|  |       |
|--|-------|
| Signature:   | Date: |
|  |       |
| Print Name:  | Date: |
|  |       |
|  | Date: |
| Signature of Parent or Guardian(if under 18 years) <i>Sign above</i> |       |



## VOLUNTEER APPLICATION

**PLEASE READ BEFORE SIGNING:**

I understand:

- ❖ and have signed the Release and Hold Harmless Agreement contained in this volunteer application form;
- ❖ and have received a copy of the Happy Trails Farm Animal Sanctuary, Inc. Safety Rules and Regulations (**Form 2010SR&R**);
- ❖ and grant Happy Trails Farm Animal Sanctuary, Inc. permission to use my likeness, voice and/or words in television, radio, film or in any form to promote activities of Happy Trails Farm Animal Sanctuary, Inc.;
- ❖ that current Tetanus and Hepatitis B vaccinations are recommended when working around farm animals.

I affirm that I have read the above and that the information I have given is true and complete. I understand that if at any time the information provided is found to be knowingly falsified or inappropriate, I will not longer be allowed to volunteer for Happy Trails Farm Animal Sanctuary, Inc. **Happy Trails Farm Animal Sanctuary, Inc. reserves the right to dismiss a volunteer for any reason without prior notice.**

|   |
|---|
| Volunteer Signature:                                |
| Date:   |
|   |
|   |
| Signature of Parent or Guardian (if under 18 years) |
| Date:   |

**References:** *Please provide 3 references that we may contact:*

|    |                |
|----|----------------|
| 1. | Phone/Cell No. |
| 2. | Phone/Cell No. |
| 3. | Phone/Cell No. |

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## VOLUNTEER APPLICATION

### VOLUNTEER OPPORTUNITIES AT HAPPY TRAILS FARM ANIMAL SANCTUARY, INC.

*Please check all areas of interest:*

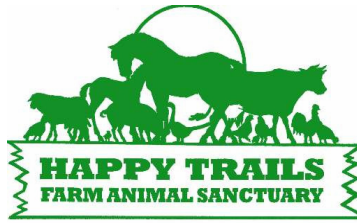
- CLEANING:** includes cleaning of animal shelters, scrubbing feed and water buckets, providing and changing animal bedding, manure removal and cleaning cages.
- FUND-RAISING:** includes grant writing, farm tour, gala events, sending sponsorship letters for routine and maintenance expenses and specialty expenses, for example a large rescue operation where many animals need more than routine medical care..
- MAINTENANCE PROJECTS:** clearing pathways and trails, clearing brush from the woods, constructing and repair of animal shelters/housing, installing and repair of fence and fence posts, painting of buildings, signage, repair and maintenance of farm and miscellaneous equipment.
- PHONE CALLS:** returning and answering phone calls for Happy Trails and referring calls to the appropriate individuals.
- ADOPTION/FOSTER COUNSELORS:** counselors interview potential owners and/or foster homes. Counselors visit the perspective home, educate the family on the proper care of the animal and assess the housing and environment and make sure that it is appropriate for each animal that will be housed on the property. The counselors will maintain regular contact, including follow up visits, with the adoptive or foster home in order to make sure the animal is being cared for properly. Training to be an adoption/foster counselor is provided and required by Happy Trails.
- TRANSPORTATION:** transportation of animals to veterinarians, to adoptive and/or foster homes, trips to feed stores, outings to pick up fencing, supplies or various materials. If you choose this category, you must have a valid Ohio driver's license and own a truck and/or trailer.
- TOUR HOST/HOSTESS:** volunteers will act as host/hostess and greet guests, show the animals currently in our care, offer the latest newsletter and brochures, and give "mini" special appointment tours. The tour host/hostess requires at least two (2) people to work together. Other activities associated with this category are hosting Barn Parties, Nursing Home Visits. A few animals at the sanctuary may accompany the host or hostess on a tour.

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## VOLUNTEER APPLICATION

Please provide the times that you would be available to volunteer at Happy Trails.

| Day of the Week:  |     |             |           |
|-------------------|-----|-------------|-----------|
| <b>Monday:</b>    | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <b>Tuesday:</b>   | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <b>Wednesday:</b> | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <b>Thursday:</b>  | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <b>Friday:</b>    | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <i>Weekend:</i>   |     |             |           |
| <b>Saturday:</b>  | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |
| <b>Sunday:</b>    | Yes | No          |           |
|                   | AM: | Start time: | End time: |
|                   | PM: | Start time: | End time: |

Do you have an interest and are willing to commit to one the following based on the hours and days selected above:

1.  Weekly schedule -year
2.  Bi-Weekly schedule – year
3.  Monthly schedule -year

Thank you for your interest in becoming a volunteer. The sanctuary recognizes and appreciates the dedication, time and tireless effort of all its volunteers. The mission of Happy Trails Farm Animal Sanctuary could not prosper without its volunteers.

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## WAIVER AGREEMENT AND LIABILITY RELEASE

### CAUTION: READ CAREFULLY BEFORE SIGNING

I agree to the following Waiver, Agreement, and Liability Release with Happy Trails Farm Animal Sanctuary, Inc., (referred to herein as “Happy Trails”), as a condition for its allowing me, and the other persons identified below, to do any of the following: enter any premises or facility where Happy Trails may conduct activities (referred to herein as “The Property”), be near horses in connection with any Happy Trails activity (regardless of who owns the horses) and/or engage in any other activity involving horses. I am making this Agreement regardless of whether these activities take place under the supervision of Happy Trails.

CONTRACTING PERSON(S):

NAME \_\_\_\_\_ PHONE (home) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (work or cell) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (home) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (work or cell) \_\_\_\_\_

NAME \_\_\_\_\_ PHONE (home) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE (work or cell) \_\_\_\_\_

I also make this agreement on behalf of the following, who are my children or legal wards:

1. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

2. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

All parts of the Waiver, Agreement, and Liability Release shall apply to me, and the children/legal wards listed above. (We will collectively call ourselves “I,” “me,” or “my” throughout this agreement.) This Waiver, Agreement, and Liability Release will be binding at all times, now and in the future, even after my relationship with Happy Trails should end.

IT IS HEREBY AGREED AS FOLLOWS:

1. I have requested to enter the premises, land, structures, or facilities where Happy Trails may conduct any activities (referred to herein as “The Property”), to be near horses in connection with any Happy Trails activities (regardless of who owns the horses), and/ or to engage in any other activity involving horses, whether or not under Happy Trail’s supervision.

2. Equine-Related Risks: I understand that anyone riding, handling, or even near a horse (referred to as “equine”) can suffer bodily and other injuries. Among other things, equines are unpredictable by nature. For example, when frightened, angry, or under stress, the natural instincts of an equine are to jump

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forward or sideways or run away from danger by trotting or galloping. Equines are also known to kick, buck, rear up, back up quickly, spin around, strike, or bite. I understand that equines can do any of these things without warning. I also understand that all equines, even if they have no known history of hurting people or animals, are powerful and can be dangerous to people, and other animals.

Further, I understand that riding, handling, or being near an equine can expose me to numerous hazards, which could include, for example: the propensity of an equine to behave in ways that may result in injury, harm, or death to persons around them; the unpredictability of an equine's reaction to sounds, sudden movements, and unfamiliar objects, persons or other animals; certain hazards such as surface or subsurface conditions on, near, or off of The Property; and/or collisions with other equines, animals, or objects. I understand these risks and dangers inherent in equine activities, and I agree to assume them. I also understand that these are just some of the risks, and I agree to assume others. I am not relying on Happy Trails to list all possible equine-related risks for me.

3. **LIABILITY RELEASE:** As consideration for being able to enter The Property, to be near equines in connection with any Happy Trails activities (regardless of who owns the equines), and/or to engage in any other activity involving horses/equines, whether or not under Happy Trail's supervision, I agree to assume full responsibility for any and all bodily injuries or damages which I may sustain when engaging in these and other activities. The term "damages," means, for example, medical expenses, losses incurred because of bodily injuries or property damages, and/or personal property damages. I, for my heirs, administrators, personal representatives or assigns, release and discharge Happy Trails, and its officers, directors, employees, agents, representatives, assigns, affiliated persons, and others acting on their behalf of and from any and all claims, demands, damages, actions, omissions, suits, or causes of action (present and future), whether the same by known or unknown, anticipated omissions, suits, or causes of action present and future), whether the same by known or unknown, anticipated or unanticipated, resulting from or arising out of my bodily injury or damage that may be sustained, or property damage which may occur as a result of being on The Property, handling horses, being near horses, and/or engaging in any other activity involving horses, whether or not under Happy Trails supervision (except if such injury or damage is caused by Happy Trail's gross negligence or wanton willful misconduct).

### **WARNING**

Under the Ohio Equine Activity Liability Act, (Ohio Revised Code Chapter 2305.321) an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

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IT IS MUTUALLY UNDERSTOOD AND AGREED THAT THE LIABILITY RELEASE SET FORTH HEREIN SHALL CONSTITUTE A WAIVER OF LIABILITY BEYOND THE PROVISIONS OF THE OHIO EQUINE ACTIVITY LIABILITY ACT. BY SIGNING THIS AGREEMENT AND LIABILITY RELEASE, I AGREE NOT TO BRING ANY CLAIM OR SUIT AGAINST HAPPY TRAILS, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, ASSIGNS, AFFILIATED PERSONS, AND OTHERS ACTING ON THEIR BEHALF ON THE BASIS OF ANY EXCEPTION IN THAT LAW. IN PARTICULAR, I AGREE NOT TO BRING A CLAIM OR SUIT AGAINST HAPPY TRAILS, AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, REPRESENTATIVES, ASSIGNS, AFFILIATED PERSONS, AND OTHERS ACTING ON THEIR BEHALF FOR: (1) FAULTY TACK OR EQUIPMENT; (2) FAILURE TO MAKE REASONABLE AND PRUDENT EFFORTS TO DETERMINE AN EQUINE ACTIVITY PARTICIPANT'S ABILITY TO SAFELY MANAGE AN EQUINE; (3) A DANGEROUS LATENT CONDITION ON, NEAR, OR OFF THE PROPERTY; OR (4) ANY ACT OR OMISSION THAT MAY CONSTITUTE ORDINARY NEGLIGENCE BY HAPPY TRAILS OR AFFILIATED PERSONS OR ENTITIES (EXCEPT FOR GROSS NEGLIGENCE OR WANTON AND WILLFUL MISCONDUCT).

It is my intention to release and hold harmless Happy Trails and the above-described persons and entities associated with Happy Trails to the fullest extent allowed under the law.

4. INDEMNIFICATION. I also agree to indemnify and hold harmless Happy Trails and its officers, directors, employees, agents, representatives, assigns, affiliated persons and others acting on their behalf against all damages sustained or suffered by any persons who are not parties to this Agreement that I may cause while this Waiver, Release of Liability and Indemnity Agreement is in effect. The indemnification shall also include reimbursement of Happy Trail's attorney fees and costs.

5. Helmets/Headgear. I agree to be fully responsible for my own safety at all times. Happy Trails has suggested that I buy and wear properly fitted and secured ASTM-standard/SEI-certified equestrian protective headgear when riding or near equines. I am not relying on Happy Trails to provide a certified helmet for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time.

6. Law/Binding Effect/Fees. Ohio law governs this Waiver, Agreement, and Liability Release. I agree that this document will be enforced to the greatest extent permitted by Ohio law. If any clause should conflict with Ohio law, only that clause will be null and void but the remainder will stay in full force and effect. Should I file a lawsuit in breach of this Waiver, Agreement, and Liability Release, I agree to pay the attorney fees and costs incurred by Happy Trails and the other persons and entities, described above, who are directly or indirectly associated with Happy Trails.

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**I HAVE READ THIS ENTIRE WAIVER, AGREEMENT, AND LIABILITY RELEASE  
(PAGES 7 – 10), AND I FULLY UNDERSTAND IT**

Signature of Contracting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Contracting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Contracting Party: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Authorized Agent for Happy Trails: \_\_\_\_\_ Date: \_\_\_\_\_