

VOLUNTEER APPLICATION

Rock Run Animal Rescue
P.O. Box 272
Newville, PA 17241
www.rockrunanimalrescue.org



Contact Information:

Volunteer Name: _____ Birth Date: _____

Address: _____

Home/Work Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____

Parent/Legal Guardian (for volunteers under 18)

Name: _____ Relationship: _____

Address: _____

Home/Work: _____

Email Address: _____

Animal Experience:

Number of years working with animals:

Dogs _____ Cats _____ Horses _____ Chickens _____ Goats _____

*Leading/Grooming horses or dogs _____ *Training horses or dogs _____

*Stall mucking _____ *Full care/maintenance of an animal _____ *Cleaning pens _____

Which areas would you enjoy participating in MOST? (No Experience necessary):

Barn chores _____ Fundraising events _____ RRAR booths at fairs/shows _____

Distributing materials _____ Office help _____ Animal care _____ Which animals _____

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Availability to Volunteer:

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____ Sun _____

Times Available: _____ Hours per visit: _____

IF YOU ARE OVER 18, PLEASE COMPLETE THE FOLLOWING:

These questions are being asked for the protection of our staff, volunteers, and animals.

Have you ever been convicted of a felony? _____

Have you ever been convicted of a sexual offense? _____

Have you ever been convicted of animal cruelty? _____

MUST CONTAIN ORIGINAL SIGNATURE:

Signature: _____ Date: _____

(volunteer or parent/guardian if under 18)

Volunteers under 18 may not start volunteering without parent/guardian signature

VOLUNTEER RELEASE

Must contain original signatures

This form must be completed and submitted for EVERY participant (ie: any individual who knowingly participates in a RRAR activity on or off RRAR property, including barn/farm labor, educational/fundraising activities, and any other activity at a location sponsored by RRAR) at Rock Run Animal Rescue (RRAR) before engaging in any RRAR related activity. It is the participant’s responsibility to ensure that all information is complete and accurate, and to notify RRAR in the event of any changes.

Participant’s name: _____

Parent/legal guardian (for participants under 18) _____

Relationship _____

EMERGENCY INFORMATION

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

Name: _____ Relationship: _____

Address: _____

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Home/work phone: _____ Cell: _____

Other emergency contact: _____ Relationship: _____

Do you have special medical conditions, medications, or allergies that staff or emergency personnel should be aware of? Yes: _____ No: _____ If yes, please list:

PHOTO RELEASE

I DO _____ DO NOT _____ consent to and authorize the use and reproduction by Rock Run Animal Rescue, Inc. of any photographs and any other audio/visual materials taken of me/my child/ward for promotional material, educational activities, exhibitions, or for any other use for the benefit of RRAR.

Signature: _____ **Date:** _____

Participant or parent/guardian if under 18)

Please read carefully and initial beside each statement below:

_____ I understand that animals are independent living beings and can be unpredictable.

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

_____ I am aware that at all times when on Rock Run Animal Rescue's property, it is **MY RESPONSIBILITY** to:

1. Be alert and respectful of animals' intentions signaled with their ears and eyes and carried out with their teeth (and hooves of horses).
2. Speak in a reassuring tone when approaching an animal and to avoid sudden movements or noises.
3. Never leave an animal unattended with their door open or while they are tied.
4. Always lead animal properly with a lead rope.
5. Always wear appropriate clothing, including durable shoes.
6. Put away equipment after using.
7. Know locations of telephones.
8. Never come to any RRAR function or the premises while intoxicated or impaired in any way, and notify staff if you see anyone that is intoxicated or impaired.
9. Read and obey all posted information and warnings.
10. Comply promptly with all verbal directions of RRAR staff and instructors unless I believe that by doing so I will endanger myself, other people or animals, in which case I will immediately express my concern to the person giving directions.
11. Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or animals.

_____ 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 animals face immediate ejection and revocation of volunteer privileges WITHOUT EXCEPTION.

MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY ANIMAL

I hereby acknowledge and assume the risk of participating in any and all animal related activities at RRAR or in any and all locations where RRAR activities take place. I do hereby waive and release and forever discharge and indemnify and hold harmless RRAR staff members, volunteers, instructors, advisors, and/or agents from any and all claims, suits, actions, damages, losses, liability, cost and expenses (including attorney fees and court costs), of any kind or nature whatsoever, incurred for injuries and/or damages to person and/or property. I understand that participation in activities at RRAR are potentially hazardous and can result in serious injury and I am voluntarily participating in the programs, or allowing my child or ward to participate in the programs. I release RRAR from responsibility for accidental physical injury, including death or illness and loss of personal property while at RRAR or RRAR functions.

I agree to remain fully liable and responsible for any such hospital, doctor, ambulance, dental or medical fees in the event of an injury to me as a result of my participating in any and all activities associated with RRAR. I understand that **RRAR does NOT provide health, accident or liability insurance to volunteers and participants.**

I acknowledge that there is a valid consideration to executing this release. The invalidity of any statement or waiver of rights above.

Signature: _____ Date: _____

(Participant or parent/guardian if under 18)