



VOLUNTEER APPLICATION & RELEASE

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

APPLICATION

Contact Information:

Volunteer Name: _____ Birth Date: _____ Age: _____

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.

*****All volunteers under the age of 14 must have direct parental supervision at all times while volunteering on site at Rock Run Animal Rescue..*****



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RELEASE (Must contain original signatures)

This form must be completed and submitted for EVERY participant (ie: any individual who knowingly participates in a Rock Run Animal Rescue (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 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: _____

—

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)



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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)



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Rock Run Animal Rescue Volunteer Clearances

As you may be aware, legislation was enacted which requires volunteers to obtain clearances in order to assist with certain activities where contact with children may occur. Once clearances are obtained, they are good for five (5) years.

The three following volunteer clearances are required for volunteers:

1. PA Child Abuse Clearance
2. PA Criminal Background Clearance
3. FBI Fingerprinting Clearance (OR Disclosure Statement)

1. **PA Child Abuse Clearance** – Go to the Child Welfare Self-Service Portal at www.compass.state.pa.us/cwis and click “Create a New Account” to obtain your child abuse clearance. Follow the instructions to apply for the clearance. There should be no charge for this, if you apply as a volunteer. You will receive the report via email. You should print the results. Retain the original for your records and provide a copy to RRAR.
2. **PA Criminal Background Clearance** – Go to the PA State Police web site at <https://epatch.state.pa.us> and click “Submit a New Record Check” to obtain your criminal background check. Follow the instructions to apply for the clearance. There should be no charge for this, if you apply as a volunteer. You will receive your report immediately if no record is found in the PA State Police database; however, it could take several weeks to receive the results if there is anything on your record. You should print the certificate results. Retain the original for your records and provide a copy to RRAR.
3. **FBI Fingerprinting Clearance** – Have you lived in PA for the last 10 years? ***Volunteers who have lived in PA for the last 10 years** may submit an FBI Volunteer Clearance affidavit in lieu of the FBI Clearance. (A copy of this affidavit is attached to these instructions for your use. Please read carefully, and sign where indicated.)

***Volunteers who have NOT lived in PA for the last 10 years** must provide an FBI Fingerprinting Clearance. To obtain the FBI Fingerprinting Clearance, you must register *prior* to going to a fingerprint site. Go to <https://uenroll.identogo.com> to register for your fingerprinting clearance. Once you have completed the online registration process, you will visit the finger printing location (you selected during registration) to complete the process and pay the appropriate fee. You will receive your results via email or mail (whichever method you chose during registration). Please retain the original for your records and provide a copy to RRAR.

DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS
Required by the Child Protective Service Law
23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a certification through the Federal Bureau of Investigation (FBI), as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I understand that if I have not been a resident of Pennsylvania during the entirety of the previous ten-year period, but have received certification from the FBI since establishing residency, I must provide a copy of the certification to my employer and am not required to obtain any additional FBI certifications.

I swear/affirm that, if providing certifications that have been obtained within the preceding 60 months, I have not been disqualified from service as outlined below or have not been convicted of an offense similar in nature to a crime listed below under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709.1	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restraint)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 5902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material and performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime under Federal law or the law of another state.

I swear/affirm that I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current certifications obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of certifications shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that certifications obtained for the volunteering purposes can only be used for that purpose and cannot be used for employment purposes.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my certifications.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____