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**KyEAC main number: 859-881-5849**

**Volunteer Registration**

Thank you for your interest in volunteering at the Kentucky Equine Adoption Center!! Volunteers are an integral part of our organization, and we value their time and energy!

Submit your completed application registration form to: [officeasst@kyeac.org](mailto:officeasst@kyeac.org)

\*Please indicate in the Subject Line of the email which volunteer experience you are seeking\*

Or mail to: KyEAC, PO Box 910124 Lexington, KY 40591

Please CHECK which type of volunteer experience you are applying for:

Volunteering for fun!

College student in a KEMI Program needing a few hours at a nonprofit / rescue.

College student seeking a Barn Management Internship

Other (please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We take volunteers from ages 13 yrs and older. Volunteers under the age of 16 yrs must be accompanied by a parent for their first three shifts, and then will be evaluated to see if they can volunteer on their own.

**Process:**

Upon receipt of your application, you will be contacted by the KYEAC Volunteer Coordinator or another KYEAC staff member. At that time, an appointment will be set up for you to visit the Center. During the on-site appointment you will be oriented to the Center, specifically, to the many duties and tasks volunteers perform, you will learn where the various pastures, arena, barn and outbuildings are located, and finally meet the Office and Barn Staff. Please come prepared to do some walking and dress appropriately for the weather.

(Please Print)

FULL NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL

DATE OF BIRTH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(If you are under 18 years of age, please provide the following information of your parent or guardian)

Parent/Guardian NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OTHER PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For the protection of our staff and volunteers, volunteers OVER the age of 18 yrs must complete the following:**

* Have you ever been convicted of a felony \_\_\_\_\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_\_\_NO
* Have you ever been convicted of a sexual offense? \_\_\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO
* Have you ever been convicted of animal cruelty? \_\_\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NO

General Questions:

1. How did you hear about the Kentucky Equine Adoption Center?
2. What do you want to get out of the volunteer experience at the Center?
3. The more consistently you can volunteer, the more you will learn, and the more you will get out of the experience! Are you able to commit to volunteering approximately 6-8 hours per month?

Yes No

KENTUCKY EQUINE ADOPTION CENTER MISSION

KyEAC values volunteer involvement, input and commitment and could not meet its mission without our volunteers. Volunteers are an important and integral part of our organization. Because we depend upon volunteers to meet our mission and save equines, we ask that you read, agree to, and sign the following:

* **I understand that the mission of KyEAC is to provide humane treatment and shelter while seeking adoptive homes for all of Kentucky’s equines, regardless of breed.**
* **I also understand that KyEAC is committed to educating the public and raising awareness for responsible equine ownership so that fewer equines end up in crisis.**
* **KyEAC’s goal is to work with and serve as a model for organizations with the same mission in other states: to save America’s equines from inhumane treatment.**

While I will make every attempt to meet **my volunteer commitment**, if I am unable to do so for any reason, **I will call or text the Volunteer Coordinator at 859-321-7614 or Call KyEAC at 859-881-5849** as soon as reasonably possible.

Unless otherwise authorized to do so by the Executive Director, I shall not undertake to represent KyEAC to the public in any manner or engage in any activities on behalf of KyEAC at any time. KyEAC reserves all rights to refuse the participation of any volunteer for any reason as determined in the discretion of KyEAC.

I have read and understand the mission of the KyEAC. I have also read and agree to abide by the above provisions.

**VOLUNTEER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Duties / Tasks** **take place either in the barn or office.**

**Barn tasks** may include feeding horses, stall and barn aisle cleaning, bringing horses in and out of the fields, cleaning waterers and feed buckets, and participating in property maintenance. Duties may include assisting with farrier and veterinary appointments depending on skill level. We also need volunteers for special events from time to time.

**Office tasks** may include assisting with social media, planning special events, data entry, organizing tack.

Shifts are 7 days a week from either 10am – 12 noon or 2pm – 4pm. Shift times may be extended. You can also volunteer both shifts with a break for lunch in the middle of the day. **Please indicate** **below** which day(s) of the week and which shifts you would like to volunteer:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attire - Barn work – Close toed boots and pants/shorts in the summer. Work is physically strenuous, dirty, and can take place in either extremely hot or cold temps. We NEED you every day! 😊

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LIABILITY WAIVER

WARNING

Under Kentucky law, a farm animal activity sponsor, farm animal professional or other person does not have the duty to eliminate all risks of injury of participation in farm activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

RELEASE

As a volunteer to the Kentucky Equine Adoption Center Inc. (“KyEAC”), I acknowledge that working with and around equines is inherently dangerous and further specifically acknowledge inherent risks and potential risks posed by my handling, caring for, riding, and/or training/re-training equines and proximity to such activities. I knowingly and voluntarily assume any and all such risks. I further represent and warrant to the KyEAC that I possess knowledge of and experience with equines, that I understand the responsibilities and duties of a KyEAC volunteer, and that I am able to perform those duties. By signing below, I, on behalf of myself, my personal representatives ,assigns, successors, heirs and next of kin, hereby agree to indemnify and hold harmless KyEAC, its officers, agents, directors, attorneys, employees, consultants and all other persons, whomsoever, acting on its behalf, from any liability KyEAC may incur as a result of my activities, and further do fully release KyEAC, its officers, agents, directors, attorneys, employees and all other persons, whomsoever acting on its behalf, whether caused by the negligence (ordinary or gross) or otherwise, from any and all liability claims, damages, suits, causes of action (whether based in law or equity and including without limitation any claim for punitive or exemplary damages, responsibility and/or expense (including reasonable attorney’s fees) for any bodily injury to, death of, or damage to me, my property and any equine or any other property or person, that may occur as a result of activities associated with KyEAC, including without limitation my volunteer activities or from being in the presence of equines at facilities owned, leased or operated by KyEAC. I am willing and able to accept and hereby do assume full responsibility for my own safety and welfare in connection with my volunteer activities or any association with KyEAC, including full responsibility for and risk of bodily injury, death or property damage due to the negligence (ordinary or gross) of KyEAC.

I expressly agree that this Release is intended to be as broad and inclusive as is permitted by law, and that if any portion thereof is held invalid, the remaining provisions shall not be affected thereby and shall remain in full force and effect.

I have carefully read and voluntarily sign this Release, and acknowledge that no oral representations, statements or inducements relating thereto have been made by KyEAC, or their employees or agents.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If volunteer or visitor is under 18 years old, this form must be signed by a parent or guardian.

I am the parent or legal guardian of the volunteer or visitor. I have read and understand all the terms of this Release and voluntarily agree to be bound to those terms.

PARENT or GUARDIAN’S SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

This form with original signatures must be completed and submitted for EVERY participant or visitor to KyEAC before engaging in ANY equine-related activity on KyEAC property.

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

Name of Volunteer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteers are not covered under the Equine Adoption Center’s insurance policy. Please provide your Health Insurance Carrier.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any medical limitations or are you on prescription medications?

\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_\_ NO

Please describe the condition and list any medications so we could help in an emergency situation:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For KEMI interns, please list farm at which you are working and a contact name and phone number**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_