



MEMBERSHIP FORM
HORSE PROTECTION SOCIETY OF NC INC.
 2135 Miller Rd, China Grove, NC 28023 (704) 855-2978
 Ranch: horseprotectionsoc@vnet.net or hps@horseprotection.org
www.horseprotection.org

Name: _____ Age if under 18: _____

Home Ph: _____ Work Ph: _____ Cell: _____

Email: _____ Printer: Yes No

Address: _____ City: _____ ST: _____ Zip _____

Children's Names & Ages: _____

Contact in Emergency: _____ Phone: _____

Hobbies, Interests: _____

Previous or current Volunteer Experience: _____

Is there a particular volunteer program that you are interested in? (Check all that apply)

- Horse Maintenance Ground Maintenance Cruelty Inspections Newsletter/Public Relations
- Feeding & Doctoring Equine Training & Exercising Equine: members only (14 to 16 volunteer hours per month to qualify –acceptance is based upon riders size and ability - have riding experience and only need to polish skills.)

Special Skills: _____

- Do you have a truck Do you have a horse trailer type _____

I am volunteering to: (Check all that apply)

- Develop new skills Help animals Personal Satisfaction Explore careers
- Earn academic credit Meet People Help the community Have fun & relax

At what times are you interested in volunteering?

- I am flexible mornings afternoons evenings weekdays weekends

Do you have any limitations...heavy lifting, limited walking, allergies, etc?

- No Yes, _____

Do you have a current tetanus vaccination? Yes No

Do you enjoy working alone or with others? Alone Staff with Public

Will you be willing to provide animal care? Feeding Grooming Cleaning Stalls

How did you hear about us? _____

- I only want to help financially at this time.

If you are interested in becoming a member of the HPSNC or sponsoring a particular horse, please check below.

Membership Dues:

Family:

- Sponsor an equine - \$20.00 a month. Name (horse) _____
- Family Membership - \$50.00 one time a year (may be paid in two payments)
- Single: Membership only - \$35.00 a year
- Volunteer: I would like to volunteer for a short time before I become a member.

Signature: _____ Date: _____

As a HPS Member the horses are now yours, also. There are rules of care, which we all follow.
 Upon receipt of the completed Membership form and membership fee, you will be placed on our mailing list or email to receive the HPSNC newsletter.
 Thank you for your support and interest in the Horse Protection Society of North Carolina.
 HPS is a Federally approved 501 (c) 3 nonprofit organization supported solely by public donations.
 HPS reserves the right to cancel a Membership for inappropriate behavior.

Additional Provisions

---WARNING---

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risk of equine activities. Chapter 99E of the North Carolina General Statutes

**HORSE PROTECTION SOCIETY OF NORTH CAROLINA
Volunteer Waiver of Liability**

In consideration of the Horse Protection Society of North Carolina accepting my application for participation in volunteer programs, I agree to release and hold harmless The Horse Protection Society of North Carolina Inc. from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in The Horse Protection Society of North Carolina's programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand there are certain risks to working outside at the sanctuary and accept the responsibility for any accidents I may have. As a Member of the Horse Protection Society it is my obligation to help provide a safe environment and to follow all policies.

X _____

Signature

_____ Date

Parental Consent Form

Required for all volunteers under 18 years of age

I hereby give permission for my son/daughter _____ to participate in the youth Volunteer Program at The Horse Protection Society of North Carolina. I certify that my son/daughter is _____ years of age and his/her birthday is _____. I have reviewed the statements below and my signature indicates that I am aware and consent to:

1. My child's involvement in the program.
2. Release and hold harmless The Horse Protection Society of North Carolina Inc., its agents and employees from responsibility or liability arising out of the above named child's participation and at the sanctuary in all activities.
3. I understand that there are certain risks in dealing with animals. I certify that my child is covered under my insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills for any injury.
4. I agree to always accompany my child or have them with an approved adult.

X _____

Signature

_____ Date