



Olympic Peninsula Equine Network

P.O.Box 252
Sequim, Wa 98382
(360) 207-1688
Olypenequinenet.org

VOLUNTEER REGISTRATION FORM

Today's Date: _____

Name: _____

Date of Birth: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

In Case of Emergency, Notify: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Availability: (check all that apply) Weekend ___ Weekday ___ Morning ___ Afternoon ___ Late Afternoon ___ Evening ___

Why do you wish to volunteer with O.P.E.N.? _____

Do you have any special talents that could help our cause? _____

What are your volunteer interests? Work with the animals' ___ fundraising ___ Office Work ___ In home visits of adopted animals ___ Foster home ___ Please specify species you could foster _____ Build shelter ___ Fences ___ Education ___ Transport of rescued animals ___ Take animals to Vet ___ Other _____

If you checked work with animals, please tell us what your interests are and what are you willing to do (training, walking, grooming, and/or cleanup....) _____

Have you ever worked with an abused animal? _____

Your general background with animals: _____

VOLUNTEER LIABILITY RELEASE

I understand that I might be working with farm equipment or abused animals and might be assisting in the training, handling or retraining of such animals; that I will be involved in all aspects of animal rescue and the care of rescued animals. I hereby release and hold harmless Eyes that Smile and the Olympic Peninsula Equine Network, it's directors, officers, members, and

their heirs, and the owners of any premises where volunteering will take place, from any and all claims, actions, losses, damages, injuries or liability of any nature, including all expenses of litigation, court costs, and attorney's fees, arising out of, directly or indirectly, my participation in events, farm work or services.

I state that I am of lawful age and legally competent to sign this release, or that I have acquired the written consent of my parents or legal guardian; that I understand the terms are contractual and not mere recitals; and that I have signed this document of my own free act.

WARNING

AN EQUINE PROFESSIONAL, INCLUDING OPERATORS, OWNERS, TRAINERS, AND PROMOTERS OF EQUINE ACTIVITIES OR EQUINE FACILITIES, IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

SIGNED: _____ DATE: _____

PARENT OR GUARDIAN: _____