**Full Circle Farm Sanctuary**

**Volunteer Application**

Welcome and THANK YOU for taking the time to fill out this application packet. Your information will remain confidential and used only as part of the Full Circle Farm Sanctuary Volunteer Program. **Mail your completed form in advance to 961 Whitehouse Pkwy., Warm Springs, GA 31830 or scan and e-mail to** **tracyu@fcfsanctuary.org** **or bring hard copy with you to Volunteer Orientation**). We look forward to meeting you!

**PERSONAL INFORMATION** (Please print):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work/Cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you at least 18 years or older? \_\_\_\_\_\_

Health History: Please describe your current health status, particularly regarding the physical/emotional demands of volunteering at our animal sanctuary. Address fitness, cardiac, respiratory, bone or joint function, recent surgeries or hospitalizations.

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

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Please check the areas in which are you interested in volunteering:

Animal Grooming/Socializing \_\_\_\_ Cleaning stalls/pens \_\_\_\_ Building/Repairs \_\_\_\_\_

Fundraising\_\_\_\_ Newsletter \_\_\_\_ Public Relations \_\_\_\_ Website Design/Maintenance \_\_\_\_

Collecting/Transporting Produc \_\_\_\_ Vegan cooking \_\_\_\_ Housekeeping \_\_\_\_

Data entry \_\_\_\_ Office work \_\_\_\_ Gardening \_\_\_\_ Landscaping \_\_\_\_

 Please tell us about any other ways you would like to help:

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

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I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not volunteer for Full Circle Farm Sanctuary.

Signature

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

(Volunteer or parent/guardian if a minor) Date

**Full Circle Farm Sanctuary Volunteer Waivers & Releases**

Please read the following carefully. *This form must be signed prior to volunteerin*g.

**Volunteer Liability Release**

As a volunteer at Full Circle Farm Sanctuary, I acknowledge the risks and potential for risks of activities working with animals. However, I feel that the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release all claims, demands and damages of every kind and nature whatsoever against the Full Circle Farm Sanctuary, its owners, board of directors, volunteers and employees for any and all injuries and or losses, physical or mental, known or unknown that I may sustain while volunteering at Full Circle Farm Sanctuary.

Signature

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

(Volunteer or parent/guardian if a minor) Date

**Photo Release**

By signing I hereby consent to and authorize the use and reproduction by Full Circle Farm Sanctuary, of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature

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

(Volunteer or parent/guardian if a minor) Date

**Background Information**

Have you ever been charged with or convicted of a crime? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

If yes, please explain:

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

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Please provide the names and contact information for two references:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization for Emergency**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies to Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Medications \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of an emergency, contact: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event emergency medical aid/treatment is required to due illness or injury while volunteering, or while being on the property of the agency, I authorize Full Circle Farm Sanctuary to:

1. Secure and maintain medical treatment and transportation if needed.

2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

**CONSENT PLAN**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed “lifesaving” by a physician. This provision will only be invoked if the person above is unavailable.

Signature

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

(Volunteer or parent/guardian if a minor) Date

**NON-CONSENT PLAN**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while volunteering or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

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Signature

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

(Volunteer or parent/guardian if a minor) Date

**Volunteer Information**

**Dress Suggestions**

While volunteering, we request that for your safety, you should wear closed-toe and non-slip shoes. Boots are preferable, waterproof and/or safety toe, but not steel-toed. Please also refrain from wearing jewelry, especially dangling jewelry. Please accept that your clothing and shoes may become damaged and or dirty while volunteering.

**Injury & Illness**

Working with animals may be dangerous and lead to serious injury, illness, or even death. As a volunteer, you understand and agree to personally assume any and all of the liability and risk associated with volunteering for Full Circle Farm Sanctuary. Further, each volunteer agrees to hold harmless Full Circle Farm Sanctuary, its owners, directors, officers, agents, employees and other volunteers from any responsibility or liability for any and all illness, injuries, or death which may occur as direct or proximate result of their involvement with Full Circle Farm Sanctuary.

**Tetanus Shot**

All volunteers should be current on their tetanus shot. Alternatively, the volunteer acknowledges that failure to acquire and remain current on a Tetanus vaccination may put the volunteer at risk and hereby agrees to hold harmless Full Circle Farm Sanctuary, its owners, directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death as a result.

Signature

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

(Volunteer or parent/guardian if a minor) Date