



Volunteer Application

First and foremost we want to THANK YOU! Thank you for wanting to donate your time and/or skills to helping the amazing animals that call Magzalea home.

Your information will always be confidential and only used as part of the Magzalea Farm & Sanctuary Volunteer Program. We only require this packet to be completed once for our records. Please be patient and understand that every question is important to ensure you have the best experience possible when working with us.

To submit your completed packet: Please mail your completed form to 218 West Lake Rd, Fitzwilliam, NH 03447 OR scan and e-mail to magzalea@gmail.com OR bring hard copy with you to Volunteer Orientation).

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. Examples to address: Any allergies, physical limitations, asthma, arthritis, recent surgeries or hospitalizations. These are important to know when scheduling projects and volunteers. We never want anyone uncomfortable or in any pain from helping us.

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

Grooming/Socializing ___ Cleaning stalls/pens ___ Building/Repairs ___ Fundraising ___

Website Design/Maintenance ___ Collecting/Transporting Produce ___ Landscaping ___

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

Do you have any previous experience with animals? If so, what type of animals? Please give a brief description of your experience:

Is there any particular type of animal you are most interested in working with or learning about?

Are there only certain days/ hours you are available to volunteer?

Any additional comments, learning interests, skill development etc you would like to share with us?

I agree to cooperate with any conditions, to abide by any and all rules pertaining to the care of the animals as well as the property. 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 Magzalea Farm & Sanctuary.

Signature

(Volunteer or parent/guardian if a minor)

Date



Volunteer Waivers & Releases

Please read the following carefully. This form must be signed prior to volunteering.

Volunteer Liability Release

As a volunteer at Magzalea Farm & Sanctuary, I acknowledge the risks and potential for risks of activities working with animals. However, I feel that the 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 Magzalea 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 Magzalea Farm & Sanctuary.

Signature

(Volunteer or parent/guardian if a minor)

Date

Photo Release

By signing below, I hereby consent to and authorize the use and reproduction by Magzalea Farm & Sanctuary, of any and all photographs and any other audio/visual materials taken of me for promotional material, social media, 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:

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 _____

In the event of an emergency, contact: Name _____

Relation _____ Phone _____

OPTIONAL (BUT HELPFUL IN AN EMERGENCY)

Physician's Name _____ Medical Facility _____

Health Insurance Company _____ Policy # _____

Allergies to Medications _____ Current Medications _____

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 Magzalea 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:

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 be aware that your clothing and shoes may become damaged and or dirty while volunteering (This is very likely).

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 Magzalea Farm & Sanctuary. Further, each volunteer agrees to hold harmless Magzalea 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 Magzalea 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 Magzalea 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