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.**

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**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:**

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

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

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

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**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**

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**(Volunteer or parent/guardian if a minor) Date**

 **Volunteer Waivers & Releases**

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

**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:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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**

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**(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**

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**(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**