



VOLUNTEER APPLICATION AND LIABILITY WAIVER

The Alice Sanctuary encourages the participation of volunteers who support the mission and goals of The Alice Sanctuary.

What can you do to help as a volunteer?

If you have experience with farm animals, or if you wish to learn, you can spend time grooming, feeding, leading, hugging, belly rubbing and handling. Paddocks and coops need to be cleaned, buckets washed, water refilled, hay restocked and bedding cleaned up and refreshed, shelters and fences built or repaired. There is always a lot to do! You can even host a fundraising event for The Alice Sanctuary!

We could not run our program without the help and support of our volunteers! If you are interested in volunteering, even if you have no experience with farm animals, please do not hesitate to contact us. We will try to accommodate your skills, regardless of what they may be. We are truly appreciative of any assistance you can offer!

If you have any questions or ideas, please email our volunteer coordinator: volunteers@thealicesanctuary.org

All volunteers must receive orientation and complete the appropriate paperwork before volunteering with The Alice Sanctuary. To get started, please fill out a volunteer form, and we'll contact you to schedule an orientation.

IN THE FOLLOWING SECTIONS, PLEASE PRINT CLEARLY AND PROVIDE SIGNATURES

PERSONAL INFORMATION

Full Legal Name			
Address Line 1			
Address Line 2			
City/Province/Postal Code			
Email			
Telephone #		Cell or Alternate Phone #	
Please list any medical conditions or medications that emergency personnel should be aware of; i.e. allergies that require an EpiPen, etc.			



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Please notify the following individual(s) immediately in the event of a medical emergency:

Name: _____ Phone Number: (____) _____ - _____

Alternate Phone Number: (____) _____ - _____ Relationship: _____

Street Address: _____

City, Province, Postal Code: _____

Why are you interested in becoming a TAS volunteer?

What are some of your skills and experience that you would like to share with The Alice Sanctuary?

Please tell us what type of tasks you are interested in and why:



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The Sanctuary is open to volunteers Tuesday through Saturday, from 11am-4pm. Please indicate (with an "x") the days and hours you are typically available.

	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
11am					
12pm					
1pm					
2pm					
3pm					
4pm					

REFERENCES

Please provide us with a minimum of two references who can tell us about your experience with animals and your potential strengths as a volunteer. Please include your relationship to each reference, their address, contact numbers and emails.

Reference 1: _____

Reference 2: _____

Optional additional references:

How did you hear about The Alice Sanctuary? _____



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PLEASE NOTE: Out of respect for the animals residing at The Alice Sanctuary, we ask that volunteers only bring snacks and lunches that are animal-product free.

PLEASE READ CAREFULLY:

I understand that animals are independent thinking, living beings, with their own minds, and as such will never be entirely predictable.

I understand that risks exist in all animal activities, including risk of permanent disability or death, which common sense and personal awareness may help to reduce.

I am aware that whenever I am a volunteer at TAS it is my responsibility to:

- be alert and respectful of the animals' intentions, signalled with their ears, eyes, body, head, teeth and hooves.
- speak and move in a calm, consistent, and confident way when approaching an animal(s).
- avoid sudden movements or noises

Follow all orientation directions for approaching and working around the individual animals:

- **NEVER** leave animals unattended with gates left open, in the barn aisles, while they are tied, or anywhere at any time unless let loose in pastures or paddocks
- always wear appropriate clothing including durable shoes or muck boots
- pick up and replace all tack and equipment used
- know locations of emergency telephones, veterinarian's phone numbers and TAS contact numbers
- know all fire emergency procedures
- never be intoxicated while on TAS property or allow others to do so
- no smoking on the premises (use designated areas only)
- read and obey all posted information and warnings
- recognize that you are part of a team and respect what all team members have to offer
- when around other team members, be willing to share knowledge/experience, and look for opportunities to learn from other team members
- comply promptly with all verbal directions from TAS staff and volunteer coordinators
- refrain from acting in any manner which may cause or contribute to injury of self, others, or the animals
- follow the rules of the facility and interact with neighbours and/or other boarders in a friendly and respectful manner



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I understand that this is only a partial list, and I must be safety conscious and exercise sound judgement **AT ALL TIMES**. **ANYONE found to be endangering themselves or other people or the animal residents will face IMMEDIATE revocation of their volunteer privileges WITHOUT EXCEPTION** as well as prompt removal from the property.

I understand and agree that submitting this application form does not automatically register me as a volunteer at The Alice Sanctuary, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, before I may begin volunteering. I also understand that I will be required to sign a waiver before I begin any volunteering. **By submitting this form, I attest that the information I have provided on the form is true and accurate.**

Volunteer Name (Please print): _____

Volunteer Signature: _____

Signature of Parent or Legal Guardian (if volunteer is under 16 years of age): _____

Date: _____



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LIABILITY WAIVER

I, _____ (name of participant), do hereby acknowledge and assume the risk of participation in any and all activities at The Alice Sanctuary (TAS). I do hereby acknowledge that I will release TAS and its officers, staff members, volunteers, advisors, property owners, and/or agents, of and from any and all claims which may hereafter develop or accrue to them on account of injury, loss, or damage, which may be suffered by myself or to any property, because of participation in any activities at TAS.

I understand that I am not covered by workers' compensation or any other insurance policy through TAS for any damages or injuries I may sustain during my activities at TAS.

I understand that while at TAS, I may have access to confidential information about donations, donors' contact information, etc., and I agree to keep any such information confidential.

I give my consent for my email address _____ to be put on the TAS mailing list, which will receive newsletters, updates, fundraising emails, etc. I understand that I may ask to be removed from the list at any time.

Signature of Participant _____ Date of Birth _____

Date: _____

Witness Name (Please print): _____

Witness Signature: _____

Date: _____

If Participant is under 16 years of age, please have parent or guardian give consent below:

I, _____ Name of Parent or Guardian, agree to accompany or have another adult accompany the Participant at all times while they are involved in any activity on the premises, and acknowledge that I am fully and totally responsible for the above Participant at all times while he/she is participating in any activity at The Alice Sanctuary.

Signature of Parent or Legal Guardian: _____

Date: _____



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PHOTOGRAPHIC RELEASE:

I give my consent to have the Participant's photo taken while at The Alice Sanctuary, with the understanding that it may be used on the organization's social media page(s), website, or print materials for promotional purposes. I understand that neither the Participant nor I (if giving consent as Parent or Legal Guardian) will receive compensation for giving this permission. I also understand that I may withdraw my permission at any time by contacting The Alice Sanctuary, but that doing so does not guarantee the photo(s) cannot still be accessed by the public.

Name of Participant: _____

Signature of Participant: _____

Name of Parent or Legal Guardian (if participant under 16): _____

Signature of Parent or Legal Guardian: _____

Date: _____