

SpeakUPforHorses

PO Box 434

Falmouth, KY 41040

www.speakupforhorses.org

speakupforhorses@aol.com

SUFH VOLUNTEER INFORMATION

Thank you for your interest in
Speak Up For Horses' Volunteer Program.

Volunteers are an important part of SUFH and we welcome those who wish to participate in offering new lives to horses, ponies, foals and all equines that have had less than happy pasts. Experience working with horses is not a requirement. Volunteers must be at least 18 years of age, as per the regulations of our insurance company. We look forward to working with you to make SUFH a safe haven for our equine residents and a rewarding & educational experience for all involved.

If you are interested in helping SUFH, please complete and return this questionnaire to Speak Up For Horses, Inc, P.O. Box 434, Falmouth, KY 41040 or e-mail to speakupforhorses@aol.com (Any form returned via email will later require an original signature before active participation in SUFH activities.) All information submitted will remain confidential and is for SUFH's use only.

Here is a *small* sample of some of the activities you may wish to help with:

- Mucking stalls
- Feeding the residents
- Maintaining barns, fences, paddocks and fields
- Grooming/ bathing horses
- Foal exercise & conditioning
- General maintenance of farm & occupants

- Help with fundraising and grant application projects
- Staffing for fundraising booths at fairs and other events
- Design and “build” posters for educational events
- Researching information for web site, educational literature, etc.
- Raising public awareness & participation with events & fundraisers

Date_____

Name_____ Date of Birth_____

Address_____

City_____ State_____ Zip _____

Phone_____ Email_____

Days/Times you are likely to be available to volunteer:

Date available to start_____

Would you like to work:

Once every two weeks____ Once a week____ Twice a week____ Once a month____

Special Projects____ Other_____

Do you have any previous volunteer experience? (What organization, duties, for how long, etc. Please use back of page if needed.)

Please describe your horse related experience (Experience working with horses is *not* required to volunteer at SUFH):

If you have taken riding lessons or ridden regularly at a stable, did you participate in the care of the horses there? If yes, describe responsibilities:

What other qualifications, skills, experience or education do you have that you would like to use in your volunteer work with SUFH? (Not necessarily horse-related....for example, photography, computer skills, artistic talent etc.)

Are there any areas of volunteering at SUFH you would rather not participate in?

Do you have any physical considerations that SUFH should be aware of (Asthma, Bee allergies, back injuries etc.): _____ If yes, please specify.

In an emergency, whom should we notify?

Name _____ Relationship to you _____

Home Phone _____ Work phone _____

If you have your own horses or other companion animals, please tell us a little about them.

Do you have any questions about SUFH or its policies that you would like to have addressed before you begin working with the rescue?

SUFH recognizes that some volunteers have had considerable experience with horses before coming to our farm. It is important, however, that volunteers perform tasks at SUFH according to the Farm Manager's direction. A number of the equine residents have unknown or unhappy pasts and require special handling. Consistency is imperative. ***SUFH policies and procedures are developed according to what is best for the horses who live here.***

If accepted as a SUFH volunteer, I understand and agree to the following:

- I agree to conduct myself in a courteous and professional manner as a volunteer of Speak Up For Horses.
- I will abide by all SUFH policies and procedures.
- I agree to be supervised by the SUFH President, Director, Farm Manager or designee and will report to the same any ideas, constructive criticisms or problems.
- I authorize SUFH to seek emergency medical care in case of accident, injury or illness and to call the emergency contact on this application.
- I agree to indemnify and hold harmless Speak Up For Horses, its Board of Directors, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by Speak Up For Horses, its Board of Directors, officers, agents and employees.
- If I fail to abide by the terms of this agreement, I understand I will be terminated from the program at the sole discretion of Speak Up For Horses.

Signature_____ Date_____

Witness_____ Date_____