

HHH



## Miniature Horse Rescue

P.O. Box 4125  
Bismarck, ND 58502

### VOLUNTEER APPLICATION

**PLEASE PRINT**

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_  
Occupation: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Web Site \_\_\_\_\_

**PLEASE CHECK:**

**Days Available to Volunteer: Farm Hours 8 am to 5 pm, Evening barn work available**

**Week Days** \_\_\_\_\_ **Week Nights** \_\_\_\_\_  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**Weekends:**  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Times Available: \_\_\_\_\_ Hours per Visit: \_\_\_\_\_  
Other: \_\_\_\_\_

**Status:**

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

(If Under 18) Parent/Guardian Signature: \_\_\_\_\_

**Volunteers Under 18 May Not Start Volunteer Service Without Parent Signature**

**Horse Experience:**

\*Number of years working with horses: \_\_\_\_\_ \*Leading/Grooming: \_\_\_\_\_

\*Training on the ground: \_\_\_\_\_ \*Training under Saddle: \_\_\_\_\_

\*Working with "Green" horses: \_\_\_\_\_ \*Working with Unbroken horses: \_\_\_\_\_

\*Stall Mucking: \_\_\_\_\_ \*Full care/maintenance of a horse: \_\_\_\_\_

Describe your horse experience:

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**Other Experience/Talents you wish to share:**

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**Why do you want to volunteer at HHHMHR?**

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**Have you ever done volunteer work before? Where? How long?**

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**Which areas would you enjoy participating in most?**

No Experience Necessary:

Barn Chores \_\_\_\_\_ Fundraising Events \_\_\_\_\_ Girl Scout side-walker \_\_\_\_\_

Distributing Materials \_\_\_\_\_ Office Help \_\_\_\_\_ ERT- Emergency Rescue

Team \_\_\_\_\_ RED Team- Rescuing Equines in Disasters (all states) \_\_\_\_\_

**Which areas would you enjoy participating in most?**

**Previous Experience Necessary: REQUIRES EVALUATION AND INTERVIEW:**

Tours of HHHMHR \_\_\_\_\_ Training Horses \_\_\_\_\_ Girl Scout Program \_\_\_\_\_

Grant Writing/PR \_\_\_\_\_ Bookkeeping \_\_\_\_\_ Handyman/Maintenance \_\_\_\_\_

Other Educational Programs \_\_\_\_\_ ERT- Emergency Rescue Team \_\_\_\_\_

RED Team- Rescuing Equines in Disasters (all states) \_\_\_\_\_

**Training is available for some of the above volunteer opportunities. Check with HHHMHR Staff if you are interested.**

How did you hear about us? \_\_\_\_\_

Do you have any medical limitations or are you on prescription meds? \_\_\_\_\_

If yes describe condition so we could help in an emergency situation: \_\_\_\_\_

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**VOLUNTEERS OVER THE AGE OF 18 MUST COMPLETE THE FOLLOWING:**

**These questions are being asked for the protection of our staff and volunteers**

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been convicted of sexual offenses? \_\_\_\_\_

Have you ever been convicted of animal cruelty? \_\_\_\_\_

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Last Name: \_\_\_\_\_

**MUST CONTAIN ORIGINAL SIGNATURE**

**Please Read Carefully And Initial Beside Each Statement Below:**

\_\_\_\_\_ I understand that horses are independent living beings with their own minds and as such, can never be entirely predictable.

\_\_\_\_\_ I understand that there are always elements of risk in equestrian activities, including permanent disability or death, that common sense and personal awareness can help reduce.

\_\_\_\_\_ **I am aware that at all times when on HHH Miniature Horse Rescue property it is MY RESPONSIBILITY to:**

- 1) Be alert and respectful of horses' intentions signaled with their ears and eyes and carried out with their teeth and hooves.
- 2) Speak in a reassuring tone when approaching a horse or horses and avoid sudden movements or noises.
- 3) Never leave horses unattended with their stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
- 4) Always lead horses properly with a lead shank.
- 5) Always wear appropriate clothing including durable shoes.
- 6) Pick up and replace tack and equipment I have used in the barn or arena.
- 7) Know locations of emergency telephones, ambulance and veterinarian's phone numbers, and farm staff.
- 8) Know all fire emergency procedures and never be intoxicated in the stable or allow others to do so.
- 9) Read and obey all posted information and warnings.
- 10) Comply promptly with all verbal directions of HHHMHR staff and instructors unless I believe that by doing so I will endanger myself, other people, or horses, in which case I will immediately express my opinion to the person involved.
- 11) Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.
- 12) I understand that this is only a partial list, and I must be safety conscious and exercise sound judgment AT ALL TIMES. ANYONE found to be endangering themselves, other people, or horses, face immediate revocation of riding privileges WITHOUT EXCEPTION and removal from the premises.

\*Participant: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

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

\*Participant: Defined as any individual who knowingly participates in any HHHMHR activity both on or off HHHMHR property.

Last Name: \_\_\_\_\_

**MUST CONTAIN ORIGINAL SIGNATURE**

Must be submitted for EVERY HHHMHR \*participant. One copy must be in the possession of HHHMHR at all times. A "Change of Information" form must be submitted to HHHMHR in the event of any changed information. It is the responsibility of the \*participant to ensure that all information is accurate.

**REQUIRED INFORMATION: PLEASE PRINT**

\*Participants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
(For Every \*Participant Age 18 or Younger)

**EMERGENCY INFORMATION**

This form with original signatures must be completed and submitted for EVERY \*participant to HHHMHR before engaging in ANY horse related activity on HHHMHR property. One copy must be kept at all times in the possession of HHHMHR at all times.

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Health Insurance Phone Number: \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_

List All Special Medical Conditions, Medications, or Allergies that Staff or Emergency Personnel Should Be Aware of:

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

\_\_\_\_\_  
Signature of \*Participant \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Participant:** Defined as any individual who knowingly participates in any HHHMHR activity both on or off HHHMHR property.

Last Name: \_\_\_\_\_

**MUST CONTAIN ORIGINAL SIGNATURE BEFORE HANDLING ANY HORSE**

The Undersigned \_\_\_\_\_ (PRINT NAME) does hereby acknowledge and assumes the risk of participation in any and all horse related activities at HHHMHR or in any and all locations where HHHMHR activities take place. He/she does hereby acknowledge that he/she will release, HHHMHR its officers, staff members, volunteers, instructors, advisors, and/or agents in any location where horse related activities are conducted or horses and/or property are used, of and from all claims which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at HHHMHR as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/she is still liable for medical treatment and all related cost in the event of an injury to him/her as a result of his/her participation in any and all activities involving HHHMHR. Liability insurance is also strongly urged. He/she hereby agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her or other individual associated with or while participating in any horse related activity or event either at HHHMHR or at a remote location, and understand that **HHHMHR does not provide health, accident, or liability insurance to \*participants in horse related activities.**

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state or federal law does not invalidate any other statement or waiver of rights above.

\_\_\_\_\_  
Signature of \*Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(For \*Participants Under 18)

\_\_\_\_\_  
Date

**\*Participant:** Defined as any individual who knowingly participates in any HHHMHR activity both on or off HHHMHR property.

## **OPTIONAL: AUTHORIZATION TO CONSENT TO TREATMENT**

This section is to be filled in and signed by adult participant, or parent/legal guardian of minor if desired.

The undersigned \*participant, \_\_\_\_\_, and parents or legal guardian of a minor \*participant, whose medical insurance is carried by \_\_\_\_\_, policy \_\_\_\_\_ authorizes member of Triple H miniature Horse Rescue as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on Triple H Miniature Horse Rescue property, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This authorization shall remain effective indefinitely unless revoked in writing.

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Signature of \*Participant

Date

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Signature of Parent/legal Guardian

Date

**\*Participant- Defined as any individual who knowingly participates in any Triple H Miniature Horse Rescue activity both on or off HHH property, including barn labor, farm labor, educational activities, fund raising activities and any other activity at any location sponsored by Triple H Miniature Horse Rescue**

**Release of Liability**  
**HHH Miniature Horse Rescue**

I, the undersigned, wish to participate as a volunteer at the Triple H Miniature Rescue Farm. I understand that I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the HHH Miniature Horse Rescue, allowing my participation, I, on behalf of myself, and my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release and discharge HHH Miniature Horse Rescue, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of action and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of discharge HHH Miniature Horse Rescue.

**WARNING**

**Citation: NDCC 53-10-01; NDCC 53-10-02**

**Summary:** This North Dakota statute provides that an equine activity sponsor or an equine professional is not liable for an injury to or the death of a participant engaged in an equine activity and no participant may maintain an action against an equine activity sponsor or professional. Statutory definitions are provided, including "participant," "equine activity," and who is considered an "equine sponsor" or "equine professional." Liability is not limited by this statute where the equine professional knowingly provided faulty tack or equipment, failed to make reasonable and prudent efforts to determine the ability of the participant to engage safely in the equine activity, owns or otherwise is in lawful possession of the land or facilities upon which the participant sustained injuries because of a known, dangerous latent condition, or if he or she commits an act or omission that constitutes willful or wanton disregard for the safety of the participant or intentionally injures the participant

**\* I have read and understand the ND Equine Liability Law. I shall hold HHH Miniature Horse Rescue Inc, owners, employees, volunteers and tenants harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the facility, any animal activities, any horse, pony, dog, cat or animal on the property, living at, visiting or boarding facility. I assume any risk of damage to property, animal or injury to myself, or anyone visiting the facility with me. I understand horses can bite, strike, etc which can cause injury or death. I understand there are certain risks inherent with handling animals and I accept those risks..**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian (if under 18)

\_\_\_\_\_  
Date