

Home to over 350 rescued animals
 1301 E. Offner Road
 Beecher, IL 60401
 708-990-2780



VOLUNTEER APPLICATION

Please complete the entire application and print neatly.

Date:

For office use only

Rec'd by:

Name:	Birth Date:
Address:	City, State, Zip Code:
Cell Phone:	Email Address:
Employer / School:	

Last Tetanus shot: _____ Tuberculosis test: + / - (circle one) Date: _____

Please fill in the blanks under the days you are available, along with the times.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
PM	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

How did you hear about Settler's Pond? _____

What areas are you interested in?

- | | |
|---|---|
| <input type="checkbox"/> Grounds upkeep, cleanup
<input type="checkbox"/> Facility repairs
<input type="checkbox"/> Animal care
<input type="checkbox"/> Advertising | <input type="checkbox"/> Cleaning stalls and shelters
<input type="checkbox"/> Grant writing
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Participating in events |
|---|---|

Other skills or training that would be helpful to our organization: _____

Do you own a horse trailer? _____

Please provide the following emergency information

Emergency Contact Name / Relationship	Home Phone
Work Phone	Cell Phone

Do you have any medical limitations or are you on any prescription medications? Yes _____ No _____

If yes, please describe your conditions and alert us as to how to help you in an emergency situation:

Have you ever been charged with or convicted of a crime? Yes _____ No _____ If yes, please explain:

Current driver's license: Yes _____ No _____ License #: _____ State: _____

I, _____ (applicant), authorize Settler's Pond to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to, convictions for crimes committed upon children or animals.

I understand that by signing this application, I am applying as a volunteer at Settler's Pond and understand that for any reason my application may be denied. By signing this application, I am verifying that all information I have provided is true and accurate.

Signature of Applicant:

Date:

Print your name:

If you are under the age of 18 years, leave blank until you arrive at Settler's Pond.

Parent / Guardian signature (if under 18 years)

_____ Date: _____

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Volunteer Release and Waiver of Liability Form

This Release and Waiver of Liability (the “release”) executed on _____ (date) by _____ (“Volunteer”) releases Settler’s Pond Animal Hooved and Exotic Animal Shelter (“Nonprofit”), a nonprofit corporation organized and existing under the laws of the State of Illinois and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer’s relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury of illness as a result of Volunteer’s services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to, medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of IL and that this Release shall be governed by and interpreted in accordance with the laws of the State of IL. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature (or parent/guardian if under 18)

Date