

NEW DAWN LIVESTOCK RESCUE & SANCTUARY, INC.
P. O. BOX 794, 8909 N. 387th AVE.
TONOPAHA, AZ 85354
(602) 550-3183

Date: _____

VOLUNTEER INFORMATION FORM

NAME OF VOLUNTEER: _____

ADDRESS: _____

City _____ State _____ Zip _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

How did you hear about us? _____

Do you have any conditions/allergies that may affect your service? _____

Hay _____ Other: _____

Do You Own Other Animals?: _____

Area of Interest: Horse Care Goat Care Donkey Care Bird Care

Welding Construction Plumbing Office Work Fundraising

Do you have livestock animal experience? Yes No What Animals: _____

How experienced are you? Beginner Intermediate Advanced

Do you currently own any livestock animals? _____ How long? _____

Have you volunteered for any animal sanctuary before? Yes No

Where? _____ How long? _____

Are you knowledgeable of feed and care requirements? _____

Are you knowledgeable in exercising the animal? _____

Are you knowledgeable in training the animal? _____

What would you like to gain from volunteering? _____

Is there anything else you would like to share? _____

Comments: _____

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(A 501©3 NON-PROFIT CORPORATION)

LIABILITY RELEASE & WAIVER FORM

WARNING

Under Arizona law, an equine activity sponsor or professional is not liable for injury to or death of a participant in equine activities resulting from inherent risk of equine activities pursuant to Title 12, Chapter 5, Article 3, subsection 12-553

I, the undersigned, am fully aware of the risks and hazards connected with the visiting and possible handling of “all animals” and that my participation with the New Dawn Livestock Rescue & Sanctuary, Inc., a non-profit organization, (hereafter “NDLRS”) is strictly on a volunteer basis, and therefore, no insurance against bodily harm is provided me. I agree to release New Dawn Livestock Rescue & Sanctuary, Inc. from any and all injuries or damages incurred during my participation in any program at or for New Dawn Livestock Rescue & Sanctuary, Inc.

I further understand that there are possible risks associated with my volunteer activities, including the risk of personal injury and/or death resulting from animal bites, kicks, and other animal behavior.

In exchange for NDLRS’s agreement to allow me to participate in its volunteer program, I hereby release NDLRS, including its officers, agents and employees, from any and all claims of liability of any kind whatsoever, including, but not limited to, claims of negligence and/or injury to me arising out of my participation in NDLRS’s volunteer program. I understand that by signing below I am waiving any and all claims of liability including, but not limited to, claims of negligence and/or injury to me, against NDLRS, its officers, agents, volunteers and employees, arising out of my participation in NDLRS’s volunteer program notwithstanding the fact that my injuries and the underlying negligence relative thereto may have been caused by NDLRS’s own acts and/or omissions.

Volunteer
Name: _____ **Signature:** _____

Parent/Guardian (under 18) Name & Signature: _____

Address: _____ **Phone:** _____

City/State/Zip _____

Emergency Contact Name & Phone: _____

Reason why you are at this facility: (Circle One)

Volunteer **Visitor** **Community Svc.** **DATE:** _____