

WINGS AND REINS VOLUNTEER APPLICATION

PO Box 593, Devine, TX 78016 * 210-471-1377 * wings-n-reins@hotmail.com

MISSION STATEMENT:

Wings And Reins, Equine Refuge (WAR) is a non-profit corporation dedicated to helping equines who have been abused, neglected and/or abandoned. Our mission is to provide them with a safe, caring environment to help them to recover from physical and mental damage. To re-home when possible and to educate on horse care, horsemanship and animal cruelty. Wings And Reins operates solely on volunteers and donations

VOLUNTEERS HELP IN THESE AREAS: (check the areas that interest you)

- General Care
- Fund raising
- Maintenance
- Building / construction

MINIMUM REQUIREMENTS TO BECOME A VOLUNTEER AT WAR:

- * Under 12 years old must be escorted by an adult at all times. Under 18 must have consent from a parent.
- * Complete a Volunteer Application.
- * Care about the welfare of equines.
- * Be polite and courteous.
- * Information about equines at WAR are to be kept confidential to protect the safety of the equines.

FIRST NAME: _____ LAST NAME: _____ DATE OF BIRTH: _____
 PARENTS NAME (if under 18) _____ PARENTS PHONE: _____
 MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____
 CELL PHONE: _____ HOME PHONE: _____ EMAIL: _____
 EMERGENCY CONTACT NAME: _____ PHONE: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

WHY DO YOU WANT TO BE A VOLUNTEER? _____

DO YOU HAVE ANY DISABILITIES THAT NEED TO BE ACCOMODATED? IF SO, PLEASE EXPLAIN: _____

DESCRIBE YOUR EXPERIENCE WORKING WITH EQUINES: _____

WAIVER AND RELEASE OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

This waiver and release of liability, indemnification and hold harmless agreement is between the volunteer and Wings And Reins, PO Box 593, 114 CR 7866, Devine, TX 78016, Medina County, Texas and it directors, officers, members, employees, agents, assigns, legal representatives and successors (hereinafter referred to as W.A.R. and/or Wings And Reins).

As a volunteer, I hereby understand and agree to the following: I agree to WAIVE and RELEASE W.A.R. from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at or for W.A.R. and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of W.A.R. I agree to INDEMNIFY and HOLD HARMLESS W.A.R for any costs or liabilities which they incur of my volunteering at or for W.A.R.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this Agreement. I understand that this Agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this Agreement has important legal consequences. The terms of this Agreement are contractual and not mere recitals. This Agreement will be construed in accordance with and governed by the laws of the State of Texas.

SIGNATURE OF VOLUNTEER _____ DATE: _____

SIGNATURE OF PARENT (IF UNDER 18) _____ DATE: _____