

# APPLICATION TO VOLUNTEER

## at/for Life's Little Adventures Farm, Inc.

Thank you for your interest. Please fill out the following application.

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### Contact Information:

Name: \_\_\_\_\_  
                    First                    MI                    Last

Address: \_\_\_\_\_  
                    Street

\_\_\_\_\_, \_\_\_\_\_  
City                    State                    Zip

Home Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Cell Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Email: \_\_\_\_\_

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### Skills:

What are your areas of interest?

How would you like to help?

Have you ever worked with/around farm animals and/or equines before? Yes No

Please explain if yes:

Have you ever worked with differently-abled children/persons before? Yes No

Please explain if yes:

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### Requirements:

Completed Positive Background check,  
Required if applicant is 18 years of age or older

### References:

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Non-relative

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Non-relative

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### Insurance Information:

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Name of Agent: \_\_\_\_\_

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### WAIVER HOLD HARMLESS AGREEMENT

#### for Life's Little Adventure's Farm, Inc.

I am fully aware of the risks and hazards connected with the visiting and possible handling of equines. I voluntarily assume full responsibility for any risks taken by me when visiting this farm. I voluntarily assume full responsibility for any responsibility for any risk of property damage, personal injury, including death, that may be sustained to me, or to any loss or damage to any property owned by me, as a result to visiting this farm.

I understand that there is no express or implied warranty that shall apply. I accept any and all costs and/or treatments for myself (and family) should medical treatments of any kind be needed by me or my family as a result of my/our visit to this farm.

I further hereby agree to indemnify and hold harmless the owner of this farm for any reason whatever during my visit to this farm.

It is my express intent that this release/agreement shall bind myself, the member of my family and spouse if I am alive, and my heirs, assigns and personal representative if I am deceased, and shall be deemed as an agreement to release, waive, discharge, covenant no to sue, and indemnify Life's Little Adventure's Farm, or their property owners.

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### Signatures:

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Required if applicant is under 18 years of age

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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