

# Volunteer Application

## Faith N Friends Horse Rescue and Sanctuary

PO Box 1526 Powell TN, 37849  
865-236-0607  
www.faithnfriends.org

Date: \*

### Volunteer Information

Name: \*

Address: \*

Volunteer Date of Birth: \*

Home Phone: \*

Email Address: \*

Occupation: \*

Days Available to volunteer: Please check all that apply ☐ Mon☐ Tues☐ Wed☐ Thurs☐ Fri☐ Sat☐ Sun

Availability: ☐ Daily☐ Once Weekly☐ Twice Weekly☐ Once Monthly☐ Special Projects☐ Other

Times Available: ☐ A.M.☐ P.M.

How many hours do you wish to donate per visit:

**\*\*PLEASE LIST ALL MINORS AND THE ADULT(S) WHO WILL BE VOLUNTEERING OR ATTENDING, THEIR AGES, AND THEIR RELATIONSHIP TO THE SIGNER.**  
**\*\*Minors under 13 must be accompanied by a parent or guardian at all times while on the property.**



Jane Doe, 12 years, daughter

**Status:** ☐Adult (18 years of age or older)☐Minor (17 years of age or younger)

**How did you hear about FNF?**

**Have you attended FNF volunteer orientation:** \* ☐Yes☐No

**If yes, what date?**

**Special Talents:**

Experienced painter, computer skills, etc

The Undersigned does hereby acknowledge and assumes the risk of participation in any and all horse-related activities, including riding, at FNF or any and all locations where FNF activities take place. He/she does hereby acknowledge that he/she will release, Faith N Friends Horse Rescue and Sanctuary, it’s 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 all and all activities at Faith N Friends Horse Rescue & Sanctuary as aforesaid. He/she shall 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 costs in the event of an injury to him/her as a result of his/her participation in any and all activities involving Faith N Friends Horse Rescue and Sanctuary as aforesaid. 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 Faith N Friends Horse Rescue and Sanctuary or at a remote location and understands that Faith N Friends Horse Rescue and Sanctuary 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 for 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. This form with original signatures must be completed and submitted for EVERY participant to FNF before engaging in **ANY** horse-related activity on FNF property. One copy must be kept at all times in the possession of FNF at all times.

**Volunteer Emergency Contact Information**

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

**Name:** \* 

First Last

**Relationship to signer:** \* 

Spouse, Mother, Father, etc

**Address:** \*



Street, City, State, Zip

Phone Number (day):\* (000) 000-0000

Cell Phone:\* (000) 000-0000

Any special medical conditions or medications that emergency personnel should be aware of: \*

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of FNF, their agents, owners, officer, volunteers, participants, employees, all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "FNF"), I hereby agree to release, indemnify, and discharge FNF, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

- I acknowledge that horseback riding entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. The risks include, among other things: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stumps, forest growth, debris, rocks, and cliffs and other obstacles whether obvious or not and whether man-made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse. Furthermore, FNF employees have difficult jobs to perform. They see safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.
- I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
- I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless FNF from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of FNF's equipment or facilities, including any such claims which allege negligent acts or omissions of FNF.
- Should FNF or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
- I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
- In the event that the lessee files a cause of action against FNF, the lessee agrees to do so solely in the State of Tennessee and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against FNF on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

FNF Rider Responsibility Code

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 Faith N Friends Horse Rescue & Sanctuary (FNF) property it is MY RESPONSIBILITY to:

- Be alert and respectful of horse's intentions signaled with their ears and eyes and carried out with their teeth and hooves.
- Speak in a reassuring tone when approaching a shores or horses and avoid sudden movements or noises.
- Never leave horses unattended with their stall door open, in the stable aisles, while they are cross-tied, or in the riding arena.
- Always lead horses properly with a lead shank.
- Always wear appropriate clothing including durable shoes.
- Pick up and replace tack and equipment I have used in the barn or arena.
- Know locations of emergency telephones, ambulance and veterinarian's phone numbers and farm staff.
- Know all fire emergency procedures and never be intoxicated in the stable or allow others to do so.
- Read and follow all posted information and warnings.
- Comply promptly with all verbal directions of FNF 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.
- Refrain from acting in any manner which may cause or contribute to my injury or the injury of other people or horses.

☐ I am aware that at all times when riding, it is my responsibility to:

- Never ride alone.
- Check all equipment and tack including the saddle, girth, straps, bridle, bit and curb strap prior to use for signs of weakness and proper adjustment.
- Use proper equipment and attire including a regulation hard-hat with a chin harness snugly fastened at all times and boots with heels. I also understand that regulation hard-hats are available for use at FNF.
- Ride in control ONLY on horses rated within my ability level.
- Be constantly aware of, anticipate, and be able to avoid nearby horses, people, obstacles, naturally and manmade hazards.
- Never tailgate and always audibly alert nearby riders and people on the ground in advance of changes in direction or when overtaking another horse.

☐ I understand that this is only a partial list, and I must be safety conscious and exercise sound judgement AT ALL TIMES. ANYONE found to be endangering themselves, other people, or horses faces immediate revocation of riding privileges WITHOUT EXCEPTION and removal from the premises.

## WARNING

**Under Tennessee Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Tennessee Code Annotated, title 44, chapter 20.**



Activity Participant Emergency Contact Information

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

**Participants Name:\***

**Date of Birth: \***

**Address: \***

**Phone Number (day): \***

**Cell Number: \***

**Parent or Guardian (if Minor):\***

**Phone Number: \***

**Cell Phone:\***

**Address: \***

Participant Health Insurance Information

**Health Insurance Carrier (if you don't have insurance enter n/a in each field): \***

**Policy Number: \***

**Health Insurance Phone Number: \***

Participant Additional Contact Information

**Friend or Neighbor Name: \***

**Address: \***



123 Main Street Anywhere, TN 00000

Phone (Day):\* (000) 000-0000

Cell Phone: \* (000) 000-0000

Participant Primary Care Contact Information

Family Doctor:\* First Last

Phone: \* (000) 000-0000

Address: \*

123 Main Street Anywhere, TN 00000

Participant Health Information and Consent

Date of Last Tetanus Shot: \* mm/dd/year

Any special Medical Problems or Allergies: \*

AUTHORIZATION TO CONSENT TO TREATMENT *Optional:*

○Yes, I authorize members of FNF 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 FNF property or in a remote location in an office or in a licensed hospital. The authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable.○No, I do not authorize members of FNF as agent(s)

**\*Participant:** *Defined as any individual who knowingly participates in any FNF activity both on or off FNF property, including lessons, barn labor, farm labor, educational activities, fundraising activities, and any other activity at any location sponsored by FNF.*

POLICIES SPECIFIC TO FNF (Please check each box to show agreeance)

- ☐ Horses may only be handled by volunteers after they have been oriented and evaluated as to the horses they are qualified to handle.
- ☐ Tails and manes may be braided while horses are being handled but must be combed out prior to returning to the pasture.
- ☐ Tails or manes may not be pulled or cut unless in an emergency situation with approval from the Farm Manager or a Volunteer Supervisor.
- ☐ Tack used must be returned to the tack room and placed back in its appropriate place.
- ☐ Fly sprays, hoof dressings, etc., may be used but must be returned to the cabinet from which they were removed.



- ☐ Medications or drugs may only be administered by the Farm Manager or with approval from the Farm Manager.
- ☐ Horses will be brushed and their hooves cleaned thoroughly prior to and after riding.
- ☐ FNF horses may not be taken from the farm unless prior permission has been granted.
- ☐ Horses may not be put back in the fields when hot, they should be walked, and brushed until cool.
- ☐ No scissors or clippers will be used around the horses unless otherwise authorized by the Farm Manager or President.
- ☐ Horses will not be pulled from the fields or ridden without prior permission from the Farm Manager or Supervisor.
- ☐ Minors will not ride unless an adult is present who is responsible for the child (supervisor, parent or Riding Instructor).
- ☐ Children will not be left unattended around the horses.
- ☐ Children under 12 years of age must be accompanied by an adult, supervisor or Riding Instructor
- ☐ NO SMOKING is allowed in the barns! (This includes aisle ways, arena, stalls, etc.)
- ☐ NO CLIMBING is allowed on any gates or fences except in emergency situations.
- ☐ GATES must be kept closed at all times.
- ☐ The thoroughbred field will not be entered for any reason unless you have been cleared to work in that field by management staff.
- ☐ A lead shank must ALWAYS be used whenever moving a horse from place to place and especially during feeding times.
- ☐ Volunteers are not to yell, scream or run around horses or anywhere other volunteers are working with horses.
- ☐ Treats may not be taken into the fields with horses.
- ☐ Horses may not be groomed or played with in the field.
- ☐ Volunteers are not allowed to play upstairs in the barns or hay lofts.
- ☐ Wheelbarrows and/or farm implements can not be left in the field for any reason.
- ☐ ANYONE BELIEVED TO BE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL WILL BE ASKED TO LEAVE HE FARM IMMEDIATELY!
- ☐ ANYONE FOUND TO BE ENDANGERING THEMSELVES, OTHER PEOPLE, OR THE HORSES WILL BE ASKED TO LEAVE THE FARM.

Permission has been granted the Office of Volunteer Coordination to utilize and adapt the American Associations Retired Persons volunteer policies to Faith N Friends Horse Rescue’s needs.

**Horse Experience: (Check all that apply)** ☐ Grooming☐ Shampooing☐ Leading☐ Mucking Stalls☐ Nutrition☐ Medical Care☐ Worming☐ Farrier Care☐ Training☐ Riding☐ Lunging☐ Trailering☐ Giving Shots☐ Driving☐ Long Reining☐ Veterinarian

**Please elaborate on any items checked:**

Years, location, situation, etc

**Talents other than horse related:**

☐ Computer Skills☐ Grant Writing☐ Public Relations☐ Printing☐ Fund Raising☐ Public Speaking☐ Management☐ Videography☐ Accounting☐ Legal☐ Entertainment☐ Photography☐ Artistic Talent☐ Mechanical/Repair☐ Other skills that could be used to benefit the Abused and Neglected Horses

**Please elaborate on any items checked:**

Tell us more!

**What volunteer areas would you enjoy participating most?**

☐ Barn Chores☐ Grooming☐ Distributing Materials☐ Lunging Horses☐ Farm Inspection of New Homes☐ Handicapped Lessons☐ Answering Phones☐ Follow up visits on adopted horses☐ Management☐ Bookkeeping☐ Public Speaking☐ Anything☐ Special Events☐ Booths at Fairs / Shows☐ Farm Days☐ Farm Tours☐ Farm Maintenance☐ Fund Raising☐ Training Horses☐ Marketing☐ Girl/Boy Scouts Program☐ Pony



Parties ☐ Public Relations ☐ Clerical

**Please elaborate on any items checked:**

Tell us more!

**Why do you want to volunteer at Faith N Friends?**

Tell us more!

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

Tell us more.

**Are there any special conditions or medications that emergency personnel should be made aware of? (Asthma, Bee Allergies, Heart Conditions, etc.)**

Tell us more - if not applicable, please type N/A in box

**Volunteers over the age of 18 years must complete the following questionnaire.** *These questions are being asked for the protection of our volunteer staff*

**Have you ever been convicted of a felony?** ☐Yes☐No

**If yes, explain:**

If not applicable, type N/A

**Have you ever been convicted of sexual offenses involving minors?** ☐Yes☐No

*If yes, explain:*





If this does not apply, please type N/A

Have you ever been convicted of animal cruelty? ☐Yes☐No

If yes, explain:

If this does not apply, please type N/A

I have read, understood, and accepted all parts of the [Volunteer Information Page](#)

☐ Yes/Accept

**\*\*PLEASE LIST ALL MINORS WHO WILL BE VOLUNTEERING OR ATTENDING, THEIR AGES, AND THEIR RELATIONSHIP TO THE SIGNER.**

Jane Doe, 12 years, daughter

**SEVERABILITY:** In the event that a court of competent jurisdiction finds any term or clause in this Agreement to be invalid, unenforceable, or illegal, the same will not have an impact on other terms or clauses in the Agreement or the entire Agreement. However, such a term or clause may be revised to the extent required according to the opinion of the court to render the Agreement enforceable or valid, and the rights and responsibilities of the parties shall be interpreted and enforced accordingly, so as to preserve their agreement and intent to the fullest possible extent. **Nondiscrimination:** Faith N Friends does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients. **Faith N Friends is an equal-opportunity employer.** We will not discriminate and will take affirmative action measures to ensure against discrimination in employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant based on race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.



**I understand that any misleading or false information contained in this application could lead to my immediate release. I certify that the above information is true and accurate to the best of my knowledge.**  
☐ Acknowledged

**If the volunteer is a minor child, this application *MUST* be signed by the parent/guardian.**

**Parent/Legal Guardian Name:**

Parent/Legal Guardian Full Name

**Parent/Legal Guardian Phone:**

(000) 000-0000

X \_\_\_\_\_



# Signature Certificate

Document name: Volunteer Application

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August 11, 2020 7:56 am EDT	Faith Sadiku - faith@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 108.70.43.90
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February 26, 2024 4:01 pm EDT	Faith Sadiku - fnfapps@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 76.129.229.1
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April 10, 2025 5:10 pm EDT	Faith Sadiku - fnfapps@faithnfriends.org added by Faith Sadiku - faith@faithnfriends.org as a CC'd Recipient Ip: 172.58.150.141

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