



Volunteer Agreement

Date: _____

Volunteers are an important and valued part of Brooke USA. We hope that you enjoy the experience and benefit from your time as a volunteer. This agreement tells you what you can expect from us and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best to accommodate these. Welcome to the Brooke USA Family!

Please read: *Volunteers must be at least 16 years old, participate in a phone orientation, maintain attendance commitments, always wear proper attire, and respect confidentiality and privacy.*

Name: _____ Age: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Education: _____

Email: _____

Employer: _____ Work Phone: _____

Emergency Contact Name: _____ Emerg. Phone: _____

At Brooke USA, volunteers are needed to:

1. Help with public awareness events and displays or fundraising activities.
2. Make presentations at community and civic groups.
3. Provide clerical support at headquarters in Lexington, KY

Are you fulfilling community service hours for your school ____ Yes / ____ No?

Do you have any physical, medical or psychological limitations that might hinder you from participating in any area of the program? (i.e., heart condition, back injury, epilepsy, allergies, etc.). If yes, please explain: _____
(If you have any health conditions or concerns that may be affected by working on specific tasks or in close contact with equines, please check with your doctor before you start to volunteer).

Are you an equestrian or have experience working with equines? ____ Yes / ____ No
If "Yes", please explain: _____

How did you learn about Brooke USA? _____

Safety is our number one priority for animals, staff and volunteers. Due to certain risks inherent in handling animals, personal health insurance coverage is **required** to volunteer at Brooke USA. Do you have health coverage? ____ Yes; ____ No.

Volunteer Release

I confirm that all information that appears on Brooke USA's Volunteer Agreement is accurate and correct, and that I have disclosed any and all information relating to past criminal offenses, traffic infractions, animal cruelty, and/or administrative findings of child abuse/neglect.

As a volunteer, I will perform all volunteer work in a proper and business manner. I will also abide by the mission, rules, regulations, policies and procedures of Brooke USA while I am a volunteer. By signing below, I understand and agree to abide with the policies and procedures of Brooke USA. I also understand that Brooke USA may refuse volunteer applications for any reason.

In consideration of Brooke USA accepting my application for participation in the volunteer program, I agree to release and hold harmless Brooke USA, its employees, agents, officers and board members from and against any and all loss, damage, claims, liability, costs and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in Brooke USA volunteer programs. I understand that there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will immediately contact a Brooke USA representative, and seek any necessary medical attention utilizing my own medical insurance.

I understand that any tangible property that may be produced during the course of my volunteering with Brooke USA is the property of Brooke USA. I agree that Brooke USA may photograph my participation in the volunteer program, and I hereby release any such photographs to Brooke USA for use in programs, publications and any other purposes.

All information concerning donors, board members, donor prospects, staff members, volunteers, financial data, and business records of Brooke USA is confidential. "Confidential" means that you are free to talk about Brooke USA and about your position, but you are not permitted to disclose donors' names or talk about them in ways that will make their identities known. Brooke policies, procedures, strategies, practices, names of donors or donor prospects are also not permitted to be disclosed to the public (except as they relate to your approved job duties and with prior permission) either during or after your volunteer tenure with Brooke USA. No information may be released without appropriate authorization. Brooke USA expects you to respect the privacy of board members, staff, donors, donor prospects, and volunteers, and to maintain their personal and financial information as confidential. All records dealing with specific board members, staff, donors, donor prospects, and volunteers must be treated as confidential.

Signature: _____

Date: _____

If you are a parent or guardian applying for a minor, you agree to the following: I give permission for my child to participate in the volunteer program at Brooke USA. I release and hold harmless Brooke USA, its agents, and employees from responsibility or liability arising out of my child's participation. I understand there are certain risks inherent in dealing with animals. I certify that my child is covered under my health insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills.

Guardian's Name (Print): _____

Phone: _____

Signature: _____

Date: _____