



2244 E. Mount Hope Road  
Manheim, PA 17545  
(717) 575-5635  
(717) 664-0923 Fax  
[www.MtHopeStables.com](http://www.MtHopeStables.com)

### Volunteer Application

Please complete and PRINT all information below.

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Are You Employed? \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Equine Experience? \_\_\_\_\_ If Yes, How Much? \_\_\_\_\_  
\_\_\_\_\_

Please CIRCLE areas of interest -

Working with Horses

- Groomers                      Walkers                      Barn Help                      Bathing Horses
- Turning Horses Out (morning)    Cleaning Tack                      Bringing Horses In (evening)

Working Indirectly with Horses via Administration

- Assisting with Fundraising    Coordinating Events    Participating on a Committee

Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_  
(Required if under 18 years old)

**"We give abused, abandoned and discarded horses a second chance."**



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**Waiver for Liability Release**

RE: PA Senate Bill 618 - Equine Activities Liability Act dated November 1, 2005

You assume the risk of equine related activities pursuant to Pennsylvania law.

I shall hold Mt. Hope Horse Rescue, Inc. (aka "the facility"), the owners, employees, volunteers and or tenants harmless from any and all costs, claims and liabilities of any kind arriving out of my use of the facility, any animal activities including equine, any horse, pony, dog, cat or animal on the property, living at, visiting or boarding at the facility. As a consideration for my visiting the facility, I assume any risk of damage to property, animal or injury to myself, or anyone visiting the facility with me. I understand that horses can bite, strike, etc., which can cause injury or death. I understand that there are certain risks inherent with handling animals and I knowingly and voluntarily assume the risk involved.

I have read this form, and by signing it, I understand the Pennsylvania Liability Law.

Today's Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_  
(Required if under 18 years old)

**If this *Waiver for Liability Release* is attached to your completed *Volunteer Application*, it is NOT necessary to complete the section listed below.**

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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