



Thank you for considering being a volunteer of the Southern Colorado Animal Rescue (SCAR) DBA Black Forest Animal Sanctuary (BFAS). Additional information on volunteering can be found on our website at: [www.bfasfarm.org](http://www.bfasfarm.org) Applying to be a volunteer does not guarantee acceptance into our program.

When becoming a volunteer of BFAS, you will be required to abide by this Volunteer Agreement and Waiver form. Please **read it CAREFULLY. You then must print it out and fill it by hand.** You may scan and email it back to [BFASFarm@gmail.com](mailto:BFASFarm@gmail.com) or FAX to 719-494-1426. You may also use this email address if you have any other general questions about volunteering. THANK YOU!!! Please confirm with us that we are in receipt of your application.

Southern Colorado Animal Rescue DBA: Black Forest Animal Sanctuary at Hunting Crest Farms, LLC.

**VOLUNTEER AGREEMENT AND WAIVER FORM**

Today's Date:

Full Legal Name: Age: DOB:

Address:

City: State: Zip:

Mobile Phone: Email:

1. Please select the areas in which you have experience:

- |                          |                        |                  |               |
|--------------------------|------------------------|------------------|---------------|
| Farm Labor               | Fundraising            | Animal Grooming  | Grant Writing |
| Professional Svcs        | Education              | Phone Volunteers | Dog Walking   |
| Membership               | Horsemanship           | Horse Training   | Maintenance   |
| Special Events           | Public Relations       | Donations Pickup |               |
| Newsletters/Publications | Animal/Horse Transport | Other            |               |

2. Please describe your experience with above:

3. How did you hear about this volunteer program?

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Applicants Initials \_\_\_\_\_

4. Please list (2) personal or professional references familiar with your experience

Reference #1 \_\_\_\_\_

Reference #2 \_\_\_\_\_

5. Please enter the days and times you will be available to volunteer at the farm: We require a predetermined shift schedule and minimum of 10 hours per month.

Monday	Time From:	Time To:
Tuesday	Time From:	Time To:
Wednesday	Time From:	Time To:
Thursday	Time From:	Time To:
Friday	Time From:	Time To:
Saturday	Time From:	Time To:
Sunday	Time From:	Time To:

I wish to be a special events, virtual, or adoption booth volunteer only (describe your availability)

\_\_\_\_\_

Emergency Contact: Name/phone:

\_\_\_\_\_

Any allergies to animals, medications/foods, or medical conditions you wish to disclose (optional):

\_\_\_\_\_

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During all volunteer activities of BFAS, I (*print/type name*) \_\_\_\_\_ understand that I am expected to abide by the following statements, and that by signing this agreement and waiver form, I acknowledge that I have read and understood this form.

- This agreement applies to any and all activities related to Black Forest Animal Sanctuary, Southern Colorado Animal Rescue (Formerly -Charlotte & Arthur Romero Wildlife), Hunting Crest Farms, LLC and any foster home, volunteer or event location.
- I will treat all animals and other volunteers with respect, and I will work as a team member with all volunteers. I understand that the rescue of animals is BFAS's mission and highest goal and that all activities must be done collaboratively and with consideration of others for this mission to be accomplished.
- I am aware that as a volunteer of BFAS, I am acting as a representative of the organization and agree to act responsibly at all times by maintaining a professional demeanor. I understand that it is important to protect the reputation of BFAS at all times, and that even though sometimes people can be grumpy and rude, I will always do my best to be understanding, helpful, and use good customer service.
- The organization requires that strict confidentiality be maintained with respect to all information obtained by volunteers concerning the organization, as well as the clients,

Applicants Initials \_\_\_\_\_

animals and others they serve. The volunteer shall not disclose any information obtained in the course of his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, and information pertaining to clients, staff or other volunteers. No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc. Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer. I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with the organization.

- I agree to be supervised as appropriate by BFAS personnel/volunteers and will report any problems that arise directly to the proper BFAS representative. I will take any complaint or concern directly to a Board of Director or appropriate Coordinator, not to any other volunteer or member of the public.
- I understand that I am only allowed to participate in BFAS approved volunteer activities, as directed by the Volunteer Coordinator, Events Coordinator, or Board of Directors. Any additional volunteer activity that I wish to perform on behalf of BFAS must be pre-approved by the BFAS Board of Directors prior to participating.
- I agree that I must complete a horse handling and riding evaluation(s) before handling any equines. I may not ride without express permission of the Board of Directors.
- I agree to always follow through with any responsibility that I have committed to and to arrive on time to any event or activity I have agreed to assist with. If for some reason I am unable to attend an activity I have said I will be at, or if I am going to be late, I promise to make every effort to contact the Volunteer Coordinator, Event Coordinator, or another BFAS Director.
- I will abide by all BFAS rules, policies, and procedures, farm/foster home rules, or other guidelines.
- I agree that any animal rescued by BFAS is owned solely by and is the property of BFAS, and as a volunteer of this organization, I will not withhold, sell, or give away any animal entrusted to me by the organization. I will follow all rules regarding animal release and adoption, and will not break them for any reason.
- I understand that I may not be reimbursed for any expense that I incur while volunteering for BFAS, unless it has been pre-approved by the BFAS Treasurer or Board of Directors.
- I hereby grant and convey unto BFAS all right, title, and interest in any and all photographs, images, and video or audio recordings made by BFAS during volunteer activities, including but not limited to any royalties, donations, proceeds, or other benefits derived from such photographs or recordings. I further permit BFAS to publish said images, recordings, and videos at will on the website, newsletter, and in other media for advertising and other use as BFAS deems appropriate.
- I understand the possibility of risk of transferring disease-causing microorganisms during animal handling activities from BFAS animals to myself and to my personal animals or vice versa (examples: distemper, giardia, toxoplasmosis, staph, mrsa, rabies, and other parasitic or fungal conditions such as ringworm or any zoonotic diseases). I agree to

take all precautions to avoid such transfer, and I agree to the importance of having myself and my pets up to date on all current vaccinations, and that I should be in particular up to date on my tetanus vaccination and covered by a health insurance plan. I understand that BFAS will not be responsible to pay for any vaccination or treatment, for my pet or myself.

- I understand that although BFAS will make every attempt to ensure the safety of their volunteers and animals, rescue animals are by nature unpredictable in their behavior. Therefore, I assume the risks of being bitten, scratched, injured, or frightened by cats, kittens, dogs, and puppies in connection with my volunteer work for BFAS. Neither BFAS, or any of its Directors, volunteers, fosters, or other affiliates are liable to me for any injuries, damages, liabilities, losses, judgments, costs, damage to property or expenses whatsoever that I might suffer or sustain in connection with the performance of my volunteer activities for BFAS and on behalf of myself and my personal representative and heirs, I hereby give a full and unconditional release of liability. I will indemnify, defend, and hold the BFAS Directors, volunteers, fosters, or other affiliates harmless from and against any claims, lawsuits, injuries, damages, losses, costs, or expenses whatsoever sustained by any foster animal or any person in connection with my intentional misconduct or grossly negligent performance of volunteer activities for the BFAS or my breach of the BFAS's rules, regulations, policies, and programs.
- I understand the potential safety risks of working with animals and that I may not bring friends or family members with me while volunteering for BFAS, unless they have also submitted a Volunteer Agreement and Waiver of Liability, or prior arrangements have been made in advance with the BFAS Directors. I also understand that if I chose to bring a minor, that I am a legal guardian of, while volunteering, that I am responsible for that minor and will take all precautions necessary for the protection of them and BFAS animals. If I am 16 or younger I must be accompanied by an adult at all volunteer events you participate in for BFAS.
- I acknowledge that horseback riding, working with equines, and any animals (to include but not limited to horses, dogs, cats, goats, cattle, lamas, birds, snakes, reptiles) entails known and unanticipated risks, which 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: loss of control, collisions; horses/animals, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider/handler; latent or apparent defects or conditions in equipment, animals or property; acts of other participants in this activity, adverse weather conditions; contact with plants or animals; my own physical condition or my own acts or omissions; the condition of remote roads, trails, waterways, or terrain, and accidents connected with their use; first-aid, emergency treatment or other services rendered; consumption of food and drink.
- I authorize BFAS volunteers to seek emergency medical treatment for me in case of accident, injury or illness. 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 have no medical or physical conditions that could interfere with my safety in this activity, or else I am willing to

assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.

- I understand that if I fail to abide by the terms of this Agreement & Waiver form, or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by BFAS Directors at any time, I understand that I can be terminated from the program. BFAS operates at a network of foster homes. I will leave the foster home or farm property immediately when asked to do so. I also understand that I may, at any time, be removed from my position as a volunteer at the discretion of the BFAS Board of Directors. I agree that if I do not complete my required volunteer hours in a calendar month that I am no longer an active volunteer and I must reapply for active status. However, as we are an all-volunteer organization, we really need you and like having you around. If you are nice to the animals all the time and to us and all the other volunteers most of the time, you will be appreciated. We love our volunteers and can't do this without them!
- In the event that I file a lawsuit against BFAS, I agree to do so solely in the County of El Paso, State of Colorado, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. To the maximum extent permitted by law, I hereby waive my right to a jury trial.
- All information that I have supplied to BFAS in my application and agreement, or elsewhere is accurate and truthful to the best of my knowledge.

Signature of Applicant\*:

Date:

Please print/type first and last name:

Signature of parent or guardian\*:

Date:

Printed Name & Phone Number of parent or guardian\*:

*\*Volunteers 18 years of age or under must have parental approval.*

Background Authorization below.

RELEASE OF VOLUNTEER INFORMATION AUTHORIZATION

I, \_\_\_\_\_ (Full Legal Name) \_\_\_\_\_ (Date of Birth) hereby authorize Black Forest Animal Sanctuary (BFAS) to obtain information on all, but not limited to, the following items, and to contact any references, agencies, obtain credit report, criminal background check, employment check and any other information necessary in performing a background check. I also agree that my information may be submitted to the Colorado Bureau of Investigation, local law enforcement and /or the FBI for the purposes of criminal history and reference checks.

I authorize all parties to release information or verifications requested by Black Forest Animal Sanctuary that will assist in the evaluation of my Volunteer Application status. I also agree to hold harmless, all parties supplying information requested to complete my application.

I have been advised and understand prior to signing this authorization that information obtained will be confidential and will not be shared outside of authorized personnel of Black Forest Animal Sanctuary (BFAS).

I also certify that all information provided per this application is correct and that errors or misrepresentations of any information may be grounds for denial of this application or termination of volunteer services.

\_\_\_\_\_ Date: \_\_\_\_\_

Authorizing Volunteer Signature