



MEMBERSHIP FORM

HORSE PROTECTION SOCIETY OF NORTH CAROLINA INC.

2135 Miller Road, China Grove, NC 28023 (704) 855-2978

E-mail: horseprotectionsoc@vnet.net

Website: www.horseprotection.org

Name: _____

Age if under 18: _____ Email: _____ Printer: yes no

Home Ph: _____ Work Ph: _____

Address: _____

City: _____ State: _____ Zip: _____

Children's Names & Ages: _____

Contact in Emergency: _____

Phone: _____

Hobbies, Interests, Skills: _____

Previous or current Volunteer Experience:

Is there a particular volunteer program that you are interested in? (Check all that apply)

- Horse Placement Comm. Horse Maintenance Ground Maintenance
 Newsletter/Public Relations Cruelty Inspections Telephone Committee
 Education & Speaking Horse Sponsorship Comm.
 Fund-raising Committee Membership Comm. Equine Training

Other: _____

Do you have a truck Do you have a horse trailer

If so, what type _____

I am volunteering to: (Check all that apply)

- Develop new skills
- Help animals
- Personal Satisfaction
- Explore careers
- Earn academic credit
- Meet People
- Help the community
- Have fun & relax

At what times are you interested in volunteering?

- I am flexible
- mornings
- afternoons
- evenings
- weekdays
- weekends

Do you have any limitations...heavy lifting, limited walking, allergies, etc?

- No
- Yes: _____

Do you have a current tetanus vaccination? Yes No

Do you enjoy working alone or with others? Alone Staff with Public

Are you willing to provide animal care? Feeding Grooming Cleaning Stalls

How did you hear about us?

- I only want to help financially at this time.

If you are interested in becoming a member of the HPSNC, sponsoring a particular horse or applying for participation in the riding program, please check the appropriate boxes below:

Membership Dues:

Family:

- Sponsor an equine - \$20.00 a month. Name (horse) _____
- Family Membership - \$50.00 one time a year (may be paid in two payments)
- Single Membership - \$35.00 a year
- Riding Program (by approval only) \$50.00 a month

Volunteer: I would like to volunteer for a short time before I become a member. (Please pick-up your newsletter at the ranch the first week of the month or from our web site.)

Signature: _____ Date: _____

Upon receipt of the completed Membership form and membership fee, you will be placed on our mailing list or email to receive the HPSNC newsletter.
Thank you for your support and interest in the Horse Protection Society of North Carolina.
HPS is a Federally approved 501 (c) 3 nonprofit organization supported solely by public donations.

Additional Provisions

-- WARNING --

Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risk of equine activities. Chapter 99E of the North Carolina General Statutes

HORSE PROTECTION SOCIETY OF NORTH CAROLINA

Volunteer Waiver of Liability

In consideration of the Horse Protection Society of North Carolina accepting my application for participation in volunteer programs, I agree to release and hold harmless The Horse Protection Society of North Carolina 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 The Horse Protection Society of North Carolina's programs. I understand there are certain risks inherent in handling animals and I accept those risks.

X _____
Signature Date

X _____
Signature Date

Parental Consent Form

Required for all volunteers under 18 years of age

I hereby give permission for my son/daughter _____ to participate in the youth Volunteer Program at The Horse Protection Society of North Carolina. I certify that my son/daughter is _____ years of age and his/her birthday is _____. I have reviewed the statements below and my signature indicates that I am aware and consent to:

1. My child's involvement in the program.
2. Release and hold harmless The Horse Protection Society of North Carolina, its agents and employees from responsibility or liability arising out of the above named child's participation.
3. I understand that there are certain risks in dealing with animals. I certify that my child is covered under my insurance policy should injury take place while volunteering or participating and I will be responsible for his/her medical bills.

X _____
Signature Date