



## MEMBERSHIP FORM

### HORSE PROTECTION SOCIETY OF NORTH CAROLINA INC.

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

E-mail: [horseprotectionsoc@vnet.net](mailto:horseprotectionsoc@vnet.net)

Website: [www.horseprotection.org](http://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.

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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