



**HELPING** *with*  
**HORSEPOWER™**

# VOLUNTEER APPLICATION

Thank you for your interest in our 501(c)3 non-profit organization!  
Please complete this application form so that we can best consider  
your interests and experience within our organization.

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PERSONAL INFORMATION:

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

Female     Male    DOB (mm/dd/yy): \_\_\_\_\_    T-shirt size \_\_\_\_\_

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

*Providing my email address allows Helping With Horsepower™ to send me program news, updates, information, and etc. This email shall remain the property of HWH and will not be sold or given to any third parties.*

***Please monitor your email for volunteer opportunities as we will use it as our primary contact.***

How did you hear about us? \_\_\_\_\_

## INTERESTS:

Why do you want to volunteer with Helping With Horsepower™? (what do you hope to gain/contribute/ achieve?)

\_\_\_\_\_  
\_\_\_\_\_

Are you needing to complete community service hours?     No     Yes    If so, how many hours? \_\_\_\_\_

Please list any special skills that you could offer (i.e., grant-writing, maintenance, book-keeping, PR/Social Media, sign language)

\_\_\_\_\_  
\_\_\_\_\_

Please describe your general background (i.e., education, work experience) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any physical limitations to consider? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## RELATED EXPERIENCE AND SKILLS:

Have you had previous experience working with individuals with special needs?  No  Yes

If Yes, please describe including specific skills/degrees: \_\_\_\_\_

\_\_\_\_\_

Have you had previous experience working with at-risk youth or others that have suffered victimization/abuse?

No  Yes If Yes, please describe including specific skills/degrees: \_\_\_\_\_

\_\_\_\_\_

Have you had previous experience working with horses?  No  Yes

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you Certified In?  First Aid  CPR Certificate expires on: \_\_\_\_\_

## REFERRALS:

List 3 people that are not related to you and that you have known for more than 8yrs.

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

How many years have you known this person? \_\_\_\_\_

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

How many years have you known this person? \_\_\_\_\_

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

How many years have you known this person? \_\_\_\_\_

*PLEASE NOTE: Because of the nature of our programs, Helping With Horsepower™ does perform background checks, and may ask for references upon final consideration of a volunteer application. Are there any criminal charges (pending or on record) that may potentially be of concern when working with special needs, children and or at risk youth?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date of occurrence: \_\_\_\_\_

**General Liability Release**

1. Participant agrees to assume Any And All Risks Involved In Or Arising From Participant's Use Of Or Presence Upon HWH, R-R and the Property And Facility including without limitation the risk of death, bodily injury, property damage, all kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency care, or the negligence or deliberate act of another person.
2. Participant agrees to hold HWH, R-R, the Director and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable, and releases them from all liability whatsoever, and Agrees Not To Sue them on account of, or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the Participant's use of or presence upon HWH, and the property and facility, including without limitation, those based on death, bodily injury, or property damage, including consequential damages.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing this release.
4. Participant agrees to indemnify and defend HWH, and the Director against, and hold it harmless from any and all claims, causes of action, damages judgments, costs or expenses, including attorney's fees, which in any way arise from the Participant's use of or presence upon HWH, and the property or facility at Reclamation-Ranch.
5. Participant agrees to abide by all of HWH, R-R and the property safety rules and regulations.
6. Participant acknowledges his/her participation with HWH is voluntary.
7. This contract is non-assignable and non-transferable, and is made and entered into in the State of South Dakota, and shall be enforced and interpreted under the laws of this State. Should any be in conflict with State law, then that clause is null and void. When HWH, the Director and Participant, or Participant's Parent or Legal Guardian if Participant is a minor, sign this contract, it will then be binding on both parties, subject to the above terms and conditions.
8. Warning: Under South Dakota law, an Equine Professional is not liable for an injury to and/or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print: \_\_\_\_\_ Phone: \_\_\_\_\_

**Mail this application to:** Helping With Horsepower™  
 40789 259th St.  
 Mitchell, SD 57301

**Email to:** kristie@helpingwithhorsepower.com or crystal@helpingwithhorsepower.com

**Call with any questions!** Kristie Cunningham 605-270-1443 Crystal Young: 605-770-2867