

Equine Rescue League of Southern Indiana, Inc.

5318 Blue Ridge Rd
Charlestown, Indiana 47111
812-293-4077
ERLSI.com

Volunteer Application

ERLSI is a 501(c)(3) non-profit organization.

Required Information (Please Print):

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Cell: (____) _____ Work: (____) _____

Occupation: _____

Email address: _____ Website: _____

Availability:

We need volunteers seven days a week from 7:00 am until 7:00 pm.

I am available to work:

Week Days:

Hours:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Horse Experience:

- Number of years working with horses: _____
- Training on the Ground: _____
- Training under Saddle: _____
- Working with Young (not broke) or Green horses: _____
- Stall Mucking: _____
- Leading / Grooming: _____
- Full care / maintenance of a horse: _____

Horse Experience (cont.):

Please describe your horse experience:

Why do you want to volunteer for ERLSI?

Have you ever done volunteer work before? _____

Where: _____

How Long: _____

Areas of interest:

- Cleaning stalls & feeding Trailering Donation of Vet Services
 Donation of Farrier Services Donation of Training Services
 Help With Pet Therapy Sessions Hanging Fliers/Handing out Pamphlets and Brochures
 Fundraising Writing Articles About ERLSI Assisting With the Website

Other (please list) _____

How did you here about ERLSI? _____

Do you have any medical limitations, or are you on prescription medications? _____

If yes, describe condition: _____

Volunteers over the age of 18 must complete the following:

Have you ever been convicted of a felony? _____

Have you ever been convicted of sexual offences? _____

Have you ever been convicted of animal cruelty: _____

Confidentiality Statement:

I understand that certain information pertaining to Equine Rescue League of Southern Indiana may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-ERLSI members. I also understand that it is my privilege as a ERLSI member to be party to certain e-mail lists, and that no e-mail messages that I receive from these lists may be forwarded to anyone not belonging to that list without first obtaining permission from an officer of ERLSI.

I have read, understand, and agree to adhere to the statement outlined herein.

Signature Date

Signature of Parent or Guardian if under 18 Date

Liability Waiver:

I, the undersigned, have read and understand the following warning:

UNDER INDIANA LAW (BURNS IND. CODE ANN. § 34-4-44), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Signature Date

Signature of Parent or Guardian if under 18 Date