

Volunteer Application

HartSong Ranch, Inc.

501(c)(3) Non-Profit Animal Welfare Organization 3900 Blue Heron Way, Greenwood, CA 95635 Phone: (530)887-1263

Email: admin@hartsong.org www.hartsong.org www.facebook.com/hartsong.ranch.animal.sanctuary

Tax ID# 20-8397156

| Name (first, middle, last) | | | |
|--|-----------------------------|----------------------------|--|
| Home Address | | Apt/Suite | |
| City | State | Zip | |
| Phone Numbers (home) (cell) | | (work) | |
| Preferred method of communication (please circle |) home cell | work | |
| Email address | | | |
| Male () Female () Age | Date of birth | | |
| Why are you interested in volunteering at HartSo | | | |
| | | | |
| Do you have any special skills/interests? IE: worl | king with horses, livestocl | k, carpentry, tractor work | |
| | | | |

| I would like to be considered for the following volunteer opportunities: | | |
|--|---|--|
| (You may select more than one) | | |
| () Special Events () Chore duty/animal care | re () Office help () other (please describe) | |
| Do you have any medical conditions that HartSo | ong staff needs to know about? () Yes or () No | |
| If YES, please explain: | | |
| Do you have any allergies to any food, medicine | es or substance?() Yes () No If YES, please explain | |
| | | |
| Emergency Contact Information (please list two | o) | |
| Name of Emergency Contact #1: | | |
| Relationship: | | |
| Phone number: | | |
| Name of Emergency Contact #2: | | |
| Relationship: | | |
| Phone number: | | |
| Physician Information (please list your primary | care physician only) | |
| Name | Phone number: | |
| Medical Insurance (please attach a copy of you | r insurance card to this application) | |
| Name of Company: | | |
| Phone #: | | |
| Name of Policy Holder: | · | |
| Group #: | | |

Permission to Administer Treatment (please sign and date below)

The information contained in Medical Information is correct and complete to the best of my knowledge. I hereby give permission to HartSong Ranch Animal Sanctuary staff to administer prescribed medications (if necessary) and to seek emergency treatment (if necessary). I give permission to HartSong Ranch Animal Sanctuary to arrange necessary health related transportation for the applicant. In the event I cannot be reached during an emergency, I hereby give permission to the appropriate medical personnel selected by HartSong Ranch, Inc. to secure and administer treatment, including hospitalization.

| By signing below, I affirm that I have a | nswered all questions truthfully. I understand that if any portion of thi |
|--|--|
| application is found to be intentionally | false, I may be denied the right to volunteer for HartSong Ranch, Inc. |
| Signature | Date |
| Parent or | Guardian |

Please mail/email your completed application to:

HartSong Ranch Animal Sanctuary
Attn: Volunteer Coordinator
3900 Blue Heron Way, Greenwood, CA 95635
Email: volunteer@hartsong.org

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