



Performance Equine Vets, LLC
Sports Medicine and Rehabilitation
3827 Charleston Hwy
Aiken, South Carolina 29801
803-641-0644
www.PerformanceEquineVets.com

VOLUNTEER APPLICATION

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

EMERGENCY CONTACT _____

PHONE (____) _____ Relationship _____

Date of Birth _____ DL# _____ SS Number _____ - _____ - _____

Education (circle last year completed)

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Why are you interested in becoming a volunteer at Performance Equine Vets?

Describe any previous experience working with horses: _____

Are you presently employed? yes no If yes, state your work schedule _____

Do you have medical insurance? yes no

Please indicate the times you would be available for work:

ALMOST ANY TIME _____ THURSDAY _____

MONDAY _____ FRIDAY _____

TUESDAY _____ SATURDAY _____

WEDNESDAY _____ SUNDAY _____

Special skills, talents, training, or hobbies: _____

Are there any specific veterinary interests you have or would like to see/learn while volunteering? _____

Do you have any allergies? yes no If yes, please explain: _____

Excluding a traffic violation, have you ever been convicted of a felony or DUI?

yes no If yes, please explain _____

Please list two references who are not relatives: NAME ADDRESS PHONE _____

I give my permission to Performance Equine Vets to verify any of the information provided here.

VOLUNTEER SIGNATURE

Performance Equine Vets, LLC WAIVER AND RELEASE OF LIABILITY

§ I, _____, am over 18 years of age and wish to participate as a volunteer at Performance Equine Vets, LLC.

§ I, _____, am under the age of 18 years and wish to participate as a volunteer at Performance Equine Vets, LLC.

In consideration for being permitted by Performance Equine Vets, LLC to participate as a volunteer, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute Performance Equine Vets, LLC or its Officers, Members, Employees, Agents or Contractors for any death, personal injury, or property damage; whatever the cause or location of the occurrence giving rise to the claim, which I may suffer or sustain as a result of or in connection with my participation as a volunteer.

In addition, I hereby release and discharge Performance Equine Vets, LLC and its Officers, Members, Employees, Agents and Contractors from all actions, claims or demands I now have or may hereafter have for any death, personal injury or property damage arising out of or in connection with my participation as a volunteer.

This release of Liability is intended to discharge in advance, Performance Equine Vets, LLC and its Officers, Members, Employees, Agents, and Contractors from and against any and all liability arising out of or connected in any way with my participation as a volunteer; even though that liability may arise out of negligence on the part of the Performance Equine Vets, LLC or any of its Officers, Members, Employees, Agents or Contractors.

I further understand that the behavior of horses is unpredictable and that some horses are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling and working with horses; nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages.

It is understood and agreed that this Waiver and Release of Liability is to be binding on my heirs, distributes, guardians, legal representative or assigns. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND PERFORMANCE EQUINE VETS, LLC. AND I SIGN IT OF MY OWN FREE WILL.

Date: _____ Signature: _____
Print Name: _____

Date: _____ Witness: _____
Print Name: _____

IF volunteer is under the age of 18, both legal parents or guardians must sign for the minor:

Date: _____ Signature: _____
Relationship: _____ Print Name: _____

Date: _____ Signature: _____
Relationship: _____ Print Name: _____

Date: _____ Witness: _____
Print Name: _____

This application does not constitute approval for permission to volunteer. Once the management has reviewed your application, we will contact you to inform you of our decision and if approved, schedule a time for you to come and volunteer. If you fail to report for work on time and fail to call to inform us you will not be coming, you will have forfeited your chance to volunteer and will not be allowed to reschedule.