

# Volunteer Application Form 2020



## Colin's Horseback Africa

Company Reg. No. : 2018/276974/07  
VAT Number : 4700283940  
Portion 12 & 13 De TweedeSpruit, Cullinan  
P.O. Box 905, Cullinan  
Mobile: +27 (0)82 789 9002  
www.horsebackafrica.co.za  
horsebackafrica@colin.co.za

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

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

Address: \_\_\_\_\_

City : \_\_\_\_\_ Postal Code / Zip No : \_\_\_\_\_

Country: \_\_\_\_\_

Tel Home : \_\_\_\_\_

Cell : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

ID / Passport Number : \_\_\_\_\_

Emergency Contact : \_\_\_\_\_

Emergency Contact Tel / Cell Number : \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Why would you like to volunteer at Colin's Horseback Africa ? \_\_\_\_\_

Please list any other organizations that you have volunteered at : \_\_\_\_\_

Are you completing volunteer hours for any of the following?

Work Experience  School/Program  Personal

What experience (*if any*) or skills do you have that would be beneficial when working with animals?

*\*There is a minimum age requirement of 16 to volunteer with animals.*

ALL VOLUNTEER APPLICATIONS MUST INCLUDE A VALID EMAIL ADDRESS IN ORDER TO BE PROCESSED

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## VOLUNTEER WAIVER FORM OF COLIN'S HORSEBACK AFRICA

*(Hereinafter known as the "Company")*

1. The undersigned, in acting as a volunteer for the Company, hereby releases the Company, its agents, officers, servants and employees of and from any and all liability, claims, demands, actions and causes of actions, whatsoever arising out of or relating to any loss, damage or injury that may be sustained by the undersigned or any of the property of the undersigned.
2. The undersigned further agrees to indemnify and save harmless the Company, its agents, officers, servants and employees from any liability which may hereafter be brought against the Company by or on behalf of the undersigned or the undersigned's named minor in respect of any or the foregoing matters hereby released.
3. The undersigned hereby acknowledges the risk inherent in the handling of animals, domesticated or wild, and hereby willingly accepts all such risks.
4. This Release and Indemnity shall be binding upon the undersigned, his/her heirs, executors, administrators and assigns.

## OATH OF CONFIDENTIALITY FOR VOLUNTEERS

As a condition of my work as a volunteer of Colin's Horseback Africa (pty) Ltd, I therefore agree to the following:

- i. I have an obligation to maintain the confidentiality of sensitive or competitive information gained in the course of my work and will not use this confidential information to gain financially or to secure privileges or consideration for my own private interests;
- ii. I will not engage in any activities that conflict with the interests of or that may adversely affect the reputation of Colin's Horseback Africa (pty) Ltd or that may interfere with the fulfillment of my duties at Colin's Horseback Africa (pty) Ltd;
- iii. I will immediately declare to my Supervisor any possible conflict of interest that I become aware of;
- iv. I will avoid any arrangement or circumstance, including personal relationships, that may compromise my judgment and my ability as an employee or volunteer to act honestly, in good faith and in the best interest of Colin's Horseback Africa (pty) Ltd;
- v. I understand that continued involvement or involvement without declaration in actual or potential conflict of interest affiliations may result in termination of my association with Colin's Horseback Africa (pty) Ltd.

## VOLUNTEER CONTRACT

I, \_\_\_\_\_ affirm that I have read, understood, and agree to comply with the policies and procedures of Colin's Horseback Africa (pty) Ltd as they are outlined in the Procedure Manuals. I understand that compliance with these policies and procedures is important to preserve the quality of service offered to our clients, and critical to the safety and well-being of Colin's Horseback Africa volunteers, clients, staff, and the general public. Further, I understand that any breach of company policies and procedures will be taken seriously, and could be cause for disciplinary action, suspension, or even termination of this agreement.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if volunteer is under 18 years of age)*

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## CONDITIONS OF THE AGREEMENT

1. The volunteer program is related to an educational purpose and there is no guarantee or expectation that the activity will result in employment with the Company.
2. The education received by the volunteer is for the express benefit of the volunteer.
3. The volunteer does not replace or displace any employee of the Company.
4. The volunteer will receive direct and close supervision by an appropriate supervisor.
5. The Company does not derive an immediate advantage from the activities performed by the volunteer.
6. The volunteer is not entitled to wages or any compensation or benefits for the time spent in the volunteer program.
7. The Company is not liable for injury sustained or health conditions that may arise for the unpaid volunteer during the course of the volunteer program.
8. The volunteer specifically agrees to and acknowledges the following:
  - 8.1. This volunteer program is educational in nature and there is no guarantee or expectation that the volunteer program will result in employment.
  - 8.2. The Company may at any time in its sole discretion, terminate the volunteer program without notice or cause.
  - 8.3. The volunteer will maintain a regular schedule determined by the supervisor.
  - 8.4. The volunteer will demonstrate honesty, punctuality, courtesy, cooperative attitude, proper health and grooming habits, appropriate dress and a willingness to learn.
  - 8.5. The volunteer will obey the policies, rules and regulations of the Company and comply with the Company's business practices and procedures.
  - 8.6. The volunteer will furnish his/her supervisor with all necessary information pertaining to the volunteer program, including related assignments and reports.
  - 8.7. Under no circumstances will the volunteer leave the program without first conferring with the supervisor.
  - 8.8. The volunteer assumes all of the risks of participating in the volunteer program. In consideration of the opportunity afforded to the volunteer to participate in the program, the volunteer hereby agrees that he/she, his/her assignees, heirs, guardians, and legal representatives, will not make any claim against Company or any of its affiliated organizations, or either of their officers or directors collectively or individually, or any of its employees, for the injury or death to the volunteer or damage to his/her property, however caused, arising from his/her participation in the program. Without limiting the generality of the foregoing, the volunteer hereby waives and releases any rights, actions, or causes or action resulting from personal injury or death to him/her, or damage to his/her property, sustained in connection with his/her participation in the program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Colin's Horseback Africa Rep. Signature

\_\_\_\_\_  
Volunteer Name (Please Print)

\_\_\_\_\_  
Representative's Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## MODEL RELEASE

I hereby give permission to Colin's Horseback Africa to use my name and photographic / video likeness in all forms and media for humane education, advertising, expo displays, trade & any other lawful purposes.

YES       NO

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if Volunteer is under 18 years of age)*

*This entire document is to be signed by all persons volunteering for the Company and must be signed by the Parent/Guardian of all participants under the full age of eighteen (18) years.*