

Dreaming of a Chance Volunteer Application

Thank you for your interest in volunteering with Dreaming of a Chance! Please complete this Volunteer Interest Form and send it to dreamingofachance@gmail.com and we will get back to you shortly.

Name: _____

Email address: _____

Primary phone: _____ Alternate phone: _____

I prefer to be contacted at: _____

I agree to receive text messages at: _____ (if applicable)

Date of birth: _____ Pronouns: _____

Emergency contact name: _____

Emergency contact number: _____

Relation to you: _____

Are you looking to fulfill court ordered community service by volunteering with Dreaming of a Chance?
YES NO

How did you hear about Dreaming of a Chance?

_____ (initial) I agree to review and abide by the policies and procedures outlined by the Dreaming of a Chance Volunteer Policies and Procedures, as well as all written and verbal instructions of Dreaming of a Chance's staff members. I certify that I am at least 16 years old, and if a minor, require written parental permission. I understand all volunteers serve at the pleasure of Dreaming of a Chance and may be terminated at any time.

Volunteer Accident Waiver & Release Of Liability

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH Dreaming of a Chance's VOLUNTEERING AND SANCTUARY VISITS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that I am physically fit for this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health related reasons or problems, which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers, and real property owners of the activity in which I may participate, and that it

will govern my actions and responsibilities at said activity. In consideration of my participation in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Dreaming of a Chance and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise. I acknowledge that Dreaming of a Chance and their directors, officers, volunteers, representatives, agents, and sponsors are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge Dreaming of a Chance rents and shares the use of areas and facilities located on the property of Lilymoore Farm. I understand and agree all liability waivers and indemnifications set forth and agreed to in this document shall also apply to and be extended to Lilymoore Farm. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, illness, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers. I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity and at my own cost.

Signature X _____

Print _____ Date _____

Volunteer Photo & Video Release

I understand while participating in this activity, I may be photographed or filmed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signature X _____

Print _____ Date _____

Volunteer Confidentiality Agreement

- I. The Parties. This Volunteer Confidentiality Agreement, referred to as the "Agreement", applies to _____, referred to as the "Volunteer", associated with

and/or involved in the activities or affairs of Dreaming of a Chance, with a mailing address of 21 Moore Road, Pleasant Valley, NY 12569, referred to as the "Volunteer Program", with both the Volunteer and Volunteer Program collectively referred to as the "Parties".

II. Confidential Information. All data, materials, knowledge, and proprietary information generated through, originating from or having to do with the Volunteer Program or persons associated with its activities, including contractors, is to be considered Confidential Information and is not to be disclosed to any outside party. This includes, but is not limited to, documents, information, designs, printed matter, policies, procedures, conversations, messages (received or transmitted), resources, contacts, email lists, and email messages, whether internally between staff or outside the Volunteer Program is confidential and the sole property of Volunteer Program.

III. Clients. Client information, including all file information, is not to be disclosed to any third party under any circumstances without the written consent of Dreaming of a Chance.

IV. Damages. Any disclosure, misuse, copying or transmitting of any material, data, or information, whether intentional or unintentional, will subject Volunteer to disciplinary action, prosecution, and/or monetary damages according to the procedures set by Company and any applicable laws. The signature of the Volunteer below acknowledges their agreement to the aforementioned terms.

Signature X _____

Print _____ Date _____