



VOLUNTEER AGREEMENT & LIABILITY WAIVER

Thank you for choosing to volunteer with Misfit Farm & Sanctuary, Inc.

VOLUNTEER INFORMATION

Full Legal Name:

Date of Birth:

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Emergency Contact Name:

Relationship:

Emergency Phone:

Are you 18 or older? [] Yes [] No

If under 18, Parent/Guardian Name:

VOLUNTEER INTERESTS

Please check all areas you are interested in:

☐ Animal Care & Feeding

☐ Farm Maintenance & Grounds

☐ Event Assistance

☐ Goat Yoga Support

☐ Youth Programs

☐ Administrative / Office

☐ Fundraising & Outreach

☐ Photography / Social Media

☐ Therapeutic Program Support

☐ Other (describe below)

Other / Additional Skills:

Availability:

Start Date:

HEALTH & SAFETY

Please disclose any physical limitations, allergies, or conditions that may affect your ability to volunteer safely:

Known Allergies:

Physical Limitations / Medical Conditions:

☐ Comfortable handling animals

☐ Prior farm experience

☐ Tetanus vaccine within 10 years

☐ Up to date on vaccinations

VOLUNTEER AGREEMENT

1. COMMITMENT: I will provide advance notice if unable to fulfill a scheduled shift.
2. CONDUCT: I agree to treat all animals, staff, volunteers, and visitors with kindness and respect and follow all farm rules at all times.
3. CONFIDENTIALITY: I agree to keep confidential any personal information about participants, donors, or clients.
4. SOCIAL MEDIA: I will obtain permission before posting photos or videos of program participants, especially minors.
5. AT-WILL: I understand volunteer service may be discontinued at any time by either party.

RELEASE OF LIABILITY

I voluntarily assume all risks associated with volunteering at a farm with live animals and hereby release, waive, and discharge Misfit Farm & Sanctuary, Inc., its officers, directors, employees, and agents from any and all liability, claims, or causes of action arising from my volunteer service.

PHOTO & MEDIA RELEASE

I grant Misfit Farm & Sanctuary, Inc. permission to photograph and/or video me while volunteering for promotional and social media use.

☐ I CONSENT to photo/video use

☐ I DO NOT consent to photo/video use

SIGNATURES

Volunteer Signature

Date: _____

Printed Name

Date: _____

Parent/Guardian Signature (if under 18)

Date: _____
