



Volunteer Application

| | | | |
|--|---|----------------|--|
| Name: | | Date of Birth: | |
| Address: | | Shirt Size: | |
| City: | State: | Zip: | |
| Cell #: | Home #: | | |
| Email: | Work #: | | |
| Employer/Occupation: | May we contact you at work?: | | |
| Are you 18 years of age or older? | What is your major area of interest? | | |
| Do you have experience with children with disabilities or Autism Spectrum Disorder? | | | |
| If yes, please explain: | | | |
| | | | |
| | | | |
| Do you have experience with horses? | Do you have experience with farm animals? Which ones? | | |
| Please rate your horse/farm animal experience: Beginner Intermediate Advanced | | | |
| Please describe any specific skills or volunteer interests you might have. | | | |
| | | | |
| Do you have any physical limitations? Please explain. | | | |
| | | | |
| How did you learn about The Barn at Spring Brook Farm? | | | |
| | | | |

610-793-1037 / thebarn@springbrook-farm.org

360 Locust Grove Rd., West Chester, PA 19382

www.springbrook-farm.org



Release Form

Name of Volunteer: _____

Self/Adult (18 years or older)

This release is executed and delivered this day of _____, 20_____, I being of age 18 or older, on behalf of heirs, executors, administrators, successors, and assigns (collectively the "Releasor") in consideration of being allowed to participate in any activities at The Barn at Spring Brook Farm, Inc., Releasor hereby fully releases and discharges The Barn at Spring Brook Farm, Inc., its successors and assigns (the "Releasee") from any and all rights, claims and actions which the Releasor may now have or may hereafter ever have against Releasee arising out of (your name) _____ participation in activities at The Barn. This Release is intended by Releasor to release any claim, damage, loss or injury suffered by Releasor, or which may be suffered by Releasor, and such rights which the Releasor may now have or will have in the future against the Releasee. Releasor acknowledges that Releasor has freely and voluntarily executed and delivered this Release to the Releasee and further, that Releasor has received good, valuable and adequate consideration prior to the execution and delivery of this Release.

Signature of Releasor: _____

Date: _____

Witness: _____

Date: _____

Self/Adult (18 years or older)

I give my permission for photographs and/or videos of myself to be used in any Promotional/Marketing materials for The Barn at Spring Brook Farm, Inc., including but not limited to The Barn's Facebook page, The Barn's youtube channel, and The Barn's website.

Signature of Releasor: _____

Date: _____

Witness: _____

Date: _____

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Clearance Requirements

Clearances must be updated every 5 years. These clearances can be used for multiple volunteer positions at multiple organizations. If you have these clearances from the past 5 years, please send us a copy of each for your file.

· PA Child Abuse History Check:

COST: **FREE** for volunteers

Go to <https://www.compass.state.pa.us/cwis/public/home>

· PA Criminal History Check

COST: **FREE** for volunteers

Go to <https://epatch.state.pa.us/Home.jsp>

· FBI Criminal History Report (if volunteer has not lived in PA for the last 10 years) **A volunteer who has lived in PA for the last 10 years will need to sign an affidavit/disclosure statement*

The FBI fingerprint service is now **Identogo**. For more information:

<http://keepkidssafe.pa.gov/resources/clearances/inde>

The code for volunteers for FBI fingerprints is: **1KG6ZJ**

If you have questions about any of the information on this page, or need help filling out your applications for clearances please contact Ann Nowoswiat at ann.nowoswiat@springbrook-farm.org or by calling The Barn's office at 610-793-1037.

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