



For Office Use Only	
First Day Appointment:	_____
Release of Liability <input type="checkbox"/>	Badge: <input type="checkbox"/>
Parent/Guardian <input type="checkbox"/>	Photo Release <input type="checkbox"/>
Data Entry Completed by:	_____
Application Filed:	_____

Grace Volunteer Application

"Care, Concern, & Compassion for all Living Things"

Please print clearly

*First Name: _____ *Last Name: _____
*E-Mail: _____
*Address: _____ *City/State: _____ *Zip: _____
Phone No: _____ Cell Phone: _____
*Are you over 18? Yes No *Date of Birth: _____
If you are under 18, what school do you attend? _____

*Required Fields

Volunteer Opportunities

General Adult Volunteer Hours are 7 days a week from 9:00 a.m. to 1:00 p.m. General Youth Volunteer hours are Sunday 9:00 a.m. to 1:00 p.m. Additional hours are available with permission or enrollment in Grace Programs. Check out our web site for age restrictions and other requirements.

I would like to volunteer: More than once a week Weekly Monthly
 Special events only Other (explain) _____

What hours and days can you volunteer? During the day Afternoon/Evenings
 Weekends Work at home

What brought you to Grace? Animals Kids programs Other (explain) _____

Are you interested in taking a leadership role? Yes No I need more information

We have volunteer opportunities that include the following areas of interest, *please check all that apply*:

Office Administration Grant Committee News Letter Staff Children's Programs
 Special Events Therapy Assistant Build/Repair Team

Volunteer Orientation

You must attend a New Volunteer Orientation clinic prior to volunteering at the Grace Foundation. Orientation programs are held the first Saturday of every month unless postponed due to weather or it is a holiday. Please call 916-941-0800 to schedule your orientation date.

Please complete the Release of Liability form and bring it, along with this application, to your Orientation clinic. There is a \$10, tax deductible fee to attend the clinic.

If you are under the age of 18, you must have a parent or guardian's approval to volunteer.

Parent or Guardian's Name (please print): _____

Parent or Guardian Signature _____ Date: _____

WWW.TheGraceFoundation.Com



The Grace Foundation of Northern California

Non-Profit 501(c)(3) organization / Tax ID #52-2444981

RELEASE OF LIABILITY

NOTICE TO VOLUNTEER/VISITOR/PARTICIPANT. YOU MUST READ THIS ENTIRE DOCUMENT and initial each paragraph BEFORE SIGNING IT. Volunteers/Visitors/Participants under the age of 18 must have a parent or legal guardian initial and sign this form. Electronic signatures or computer generated initials are not accepted in lieu of your personal signature and acknowledgement.

Initial each box

I, _____ (Volunteer/Visitor/Participant's Name) ACKNOWLEDGE that in order to participate in the Grace Foundation of Northern California's Programs (herein Grace Foundation Programs) or to visit or tour the ranch property, I must agree to the terms of this waiver.

I ACKNOWLEDGE that the Grace Foundation Programs were explained to me, or that I have declined to have them explained to me. I fully understand and appreciate the risk of injury involved in participating as a volunteer for the Grace Foundation Programs.

I ACKNOWLEDGE that I have been given, read, and fully understand the Safety Rules for Handling Horses. (see Safety Rules at the end of this application)

I ACKNOWLEDGE that mounted and un-mounted equestrian activities, including but not limited to: working with a horse, grooming, feeding, caretaking, riding a horse, driving or riding in a cart drawn by a horse, and other mounted and un-mounted equestrian activities, ANY AND ALL ACTIVITIES THAT INVOLVE BEING AROUND HORSES AND OTHER ANIMALS residing at the Grace Ranch, including but not limited to dogs, cats, cattle, sheep, goats, poultry, or other livestock, etc. are INHERENTLY DANGEROUS ACTIVITIES, which involve a risk of injury. I acknowledge that I may sustain injuries. I EXPRESSLY ASSUME ALL KNOWN OR UNKNOWN RISKS involved in such activities and PARTICIPATE AT MY OWN RISK.

I ACKNOWLEDGE that due to the nature of ranch activities, accidents can and do occur, even if the utmost care and safety is exercised. I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE The Grace Foundation of Northern California, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors and Affiliates, land owners, MJ 318 A California limited partnership, Angelo K. Tsakopoulos, Tsakopoulos family partnerships, a California General Partnership, and John Kemp Trust, MJM Properties and Mike McDougall, whosoever from ANY AND ALL LIABILITY, CLAIM, LOSS, DAMAGE, COST, OR EXPENSE arising from, or attributable in any legal way to, ANY NEGLIGENT ACT OR OMISSION on the part of any such person or organization.

I ACKNOWLEDGE that I have carefully read this waiver and release, and that I fully understand that it is a RELEASE OF LIABILITY. I also acknowledge that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all other persons mentioned above for any damages cause by negligence of the aforementioned parties. I hereby consent to the terms of this waiver

Date: _____

Volunteer/Visitor/Participant Signature

Parent/Legal Guardian Release of Liability for a Minor

I ACKNOWLEDGE that I have carefully read this waiver and release on behalf of my child or ward, and that I fully understand that it is a RELEASE OF LIABILITY. I acknowledge that I am waiving any and all rights that I may have to bring a lawsuit in which I could assert claim against The Grace Foundation of Northern California and all other persons mentioned for any damages caused by the negligence of the aforementioned parties. I hereby consent to the terms of this waiver and allow my child or ward to participate as a volunteer or student in the Grace Programs

Date: _____

Parent/Legal Guardian Signature for minor under 18 years of age

You must initial and sign this release prior to entering the Grace Foundation of Northern California ranch property.



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PHOTO RELEASE

I, the undersigned, do hereby consent and agree that the Grace Foundation of Northern California, its employees, or agents have the right to take photographs, videotape, or digital recordings of me or my child or ward whenever we are on Grace Foundation property or acting as their agent in a public event, and to use these in any and all media, now or hereafter known, and exclusively for the purpose of supporting the Grace Foundation's mission. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to the Grace Foundation of Northern California, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or my child or ward's identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me or my child or ward, either for initial or subsequent transmission or playback.

I also understand that The Grace Foundation of Northern California is not responsible for any expense or liability incurred as a result of my or my child or ward's participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name of child or ward under the age of 18: _____

Name of person authorizing Release: _____

Date: _____

Signature of Volunteer/Visitor/Participant or Parent/Legal Guardian for Minor under 18 years of age



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EMERGENCY MEDICAL RELEASE FORM

If emergency medical care is required for _____ (volunteer name) while receiving services from, providing services to, or while being on the property of The Grace Foundation of Northern California, and if the normal permission isn't available in a timely manner, the undersigned authorizes emergency medical personnel to provide emergency medical care and consents to treatment by a physician and at medical facilities.

In case of an emergency contact: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship: _____ Cell Phone: _____

If not available, contact: _____ Phone: _____

Family Physician Phone: _____

Volunteer takes the following medication: _____

For: _____

Allergies: _____

Medical Insurance Company: Policy Number: _____

I assume responsibility for providing updated information to the Grace Foundation should the above information change.

I HAVE READ THIS ENTIRE EMERGENCY MEDICAL RELEASE FORM AND AGREE TO IT.

I KNOW BY SIGNING THIS FORM, I RELINQUISH ALL CLAIMS I MAY HAVE AGAINST THE GRACE FOUNDATION OF NORTHERN CALIFORNIA, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors and Affiliates whosoever.

Date: _____ Signature: _____

Volunteer Signature

Date: _____ Signature: _____

Parent/Legal Guardian Signature for minor under 18 years of age

All information provided in this release will be kept private and confidential and only used in case of a medical emergency