



# Hooves to Freedom, Inc.

Hope, Freedom, and Healing are only a hoof beat away!

## [Hooves to Freedom, Inc. Helping Hand Application](#)

Please complete the following application if you are interested in volunteering.

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

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Employer or  
school: \_\_\_\_\_

Parent or legal guardian if under 18: \_\_\_\_\_

Address if not same as above: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

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

How did you learn about HTF? \_\_\_\_\_



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**Please indicate what area(s) you are interested in helping at HTF:**

- Working in classes with clients and horses
- Fundraisers and special events
- Facility Repairs
- Stable management (cleaning, feeding, organizing, etc.)
- Photo and video
- Horse Shows our riders may attend
- Horticulture
- Electrical
- Intern
- Plumbing
- Building/Construction/Carpentry
- Pasture clean up and fence repair
- Praying Intercessor

We are open to hearing other ideas and gifts you may have to offer HTF. Please explain them here:

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What do feel are your strengths and skills that you can offer to HTF?

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Why would you like to be a helping hand at HTF? \_\_\_\_\_

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HTF is a Christian faith based ministry. What are your thoughts about volunteering in a Christian atmosphere?

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HTF operates Monday through Fridays with an occasional work day on a Saturday. What day(s) and time(s) of day works best for your schedule?

Monday	Morning	Afternoon	Evening
Tuesday	Morning	Afternoon	Evening
Wednesday	Morning	Afternoon	Evening
Thursday	Morning	Afternoon	Evening
Friday	Morning	Afternoon	Evening
Saturday	Morning	Afternoon	Evening

Hooves to Freedom, Inc.  
POB 362  
Blackshear, GA 31516

[www.hoovestofreedom.com](http://www.hoovestofreedom.com)

425-260-1947  
912-590-4500  
Find us on 

Serving: Appling, Bacon, Brantley, Pierce, Ware, and Wayne Counties



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## Liability Release

“Under Georgia law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from inherent risks of equine activities”

I am participating in equine activities at my own risk. I acknowledge that in working with or riding horses, there exists some element of risk or chance of injury. I accept said risk and agree to hold harmless the owners, employees, and volunteers of Hooves to Freedom, treatment professionals and/or individual therapists and all associates of the above. I understand that neither the managers, organizers, nor the property owners accept responsibility for illnesses, accidents, or damage to the property, horses, or riders in connection with any of the services provided by Hooves to Freedom. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, including Hooves to Freedom in the event that an accident does occur.

By signing below, I also agree to keep confidential the issues and identities of participants I see or meet while at the barn regardless of the context in which I see them.

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

Signature if Over Age 18: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_

I, \_\_\_\_\_, understand that my services are being performed as a volunteer. I expect no present or future salary, wages, or related payment.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_


Parent/Guardian Signature if under 18: \_\_\_\_\_

Are you ok having your picture taken or video as you help at HTF?      **YES**    **NO**

**Thank you for your interest to help HTF minister to those in our area!**

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