

Swan Center Outreach – Work Exchange Job Application 73009

NAME _____ DATE _____

Birth Date _____ [] Adult applicant [] Youth applicant (under 18)

Home Phone _____ Cell _____ Work _____

E-mail _____ Fax _____

Emergency contact (list parent if under 18): _____

Relationship: _____

Present address (Number, Street, City, State, Zip-If P.O. Box, also list physical address)

How long at this address _____

[] I have completed the required 20 volunteer hours.

PAY SCALE

Ages 7-13 receive \$5 per hour credit. (5 hrs per week = \$25/20 hrs per month = \$100)

Ages 14 & up receive \$8 per hour credit. (5 hrs per week = \$40/20 hrs per month = \$160)

Position/positions you are applying for: _____

Days/hours available to work (you must commit to a specific day and time :

[] **Mon** [] 9:30-12:30 [] 1:30-4:30 [] **Tues** [] 9:30-12:30 [] 1:30-4:30

[] **Wed** [] 9:30-12:30 [] 1:30-4:30 [] **Thurs** [] 9:30-12:30 [] 1:30-4:30

[] **Fri** [] 9:30-12:30 [] 1:30-4:30 [] **Sat** [] 9:30-12:30 [] 1:30-4:30

[] **Sun** [] 9:30-12:30 [] 1:30-4:30

I am available [] Every week [] Other (list below)

What date are you available to begin work? _____

What is your means of transportation to work? _____

List qualifications for position/positions you are applying for:

Do you have a particular program that you want to apply your work credits towards?

Why do you feel you should be considered for this program over someone else?

The following information is for safety and emergency reasons only, and will be kept strictly confidential:

Medical Conditions [] Yes [] No

Medications [] Yes [] No

If yes, please explain: _____

Allergies [] Yes [] No

Physical Impairments/Limitations [] Yes [] No

If yes, please explain: _____

Do you have any concerns, fears, or special needs, or limitations that you would like us to know about?

All applicants are subject to a background search.

Social Security No. _____ - _____ - _____

Signature

Date

Parent Signature & Agreement for minor to be in program.

Date

Swan Center Outreach

P.O. Box 25749 • Silverthorne, Co. 80497

Phone: 970-468-0924 • Fax: 678-623-3468 • Web: www.swancenter.org • E-mail: info@swancenter.org

Liability Agreement – Swan Center Outreach Inc. 7.30.09

Date of Event _____ [] For Today Only [] For Today and Ongoing dates
Name of Visitor _____ Age _____ (if under 18)

If you are under the age of 18 – list information of parent/guardian. If 18 or over, list personal information.

Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone _____ Cell Phone _____
Fax _____ E-mail _____

This is a legal document affecting your right to claim damages for injury to yourself.

Warning Under Colorado law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Section – 13-21-119, Colorado revised statute.

To induce Swan Center Outreach Inc., their agents, servants, employees, to allow the use of the facilities, horses and other farm animals of Swan Center Outreach Inc., and in consideration of the same, I, by signing this agreement, agree to hold harmless, discharge and indemnify Swan Center Outreach Inc. and owner of any property leased by Swan Center Outreach Inc. from any liability, damages, costs or loss to myself, as a result of participating in any activities of Swan Center Outreach Inc., and whether any such liability, damage, cost or loss shall be due to act, omission, or negligence, I do hereby waive and renounce and agree to indemnify and hold harmless Swan Center Outreach Inc., Rose and John Longhill, and any of its agents, servants, employees, volunteers, landlord or instructors from any right, claim or cause of action which I may have for injuries or damages sustained while engaged in any activity with said program caused by such agent, servant, employee, volunteer or instructor or other program participant.

In plain language, I agree not to sue Swan Center Outreach Inc. or anyone associated with it for injuries that I may sustain while attending any program activities. Because, even with the best of precautions, I am aware that during visits or participation in courses or any activities sponsored by Swan Center Outreach Inc. certain dangers may occur including but not limited to, interaction with horses and other animals during their care, and work related activities.

I CONSENT, AND GIVE PERMISSION TO Swan Center Outreach Inc. and its agents to photograph myself, my child, or children, in connection with Swan Center Outreach Inc. activities. I understand that any such photographs, & all rights associated with them, will belong solely and exclusively to the Swan Center Outreach Inc., which shall have the absolute right to copyright, duplicate, reproduce, alter, display, distribute, and/or publish them in any manner, for any purpose, and in any form including, but not limited to, print, electronic, video, and/or Internet. I voluntarily waive any and all rights with respect to any such photographs, including compensation, copyright, and privacy rights and any right to inspect or approve such photographs and/or copy, print or other materials that may be used in connection with them. I hereby release and discharge, and agree to hold harmless, Swan Center Outreach Inc., its officers, agents and employees, and all persons acting under its permission or authority, from any claims and liability in connection with such photographs and/or their use.

I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS CONSENT, WAIVER, AND RELEASE FORM, AND I SIGN IT FREELY AND VOLUNTARILY.

Participant's Signature _____ Date _____

Parent's Signature (if under 18 years of age) _____ Date _____

Swan Center Outreach

www.swancenter.org

P.O. Box 25749 • Silverthorne • Colorado • 80497

Phone: (970) 468-0924 • **Fax:** (678) 623-3468 • **E-mail:** swancenter@mindspring.com