

HIKE A HOULAGAN THE GOLDEN RULES

OBEY PARK RULES! FOR EXAMPLE, DOGS MUST BE LEASHED.

NO CORPORAL PUNISHMENT OF A HOULAGAN. IF YOU'RE HAVING TROUBLE,
SPEAK TO A GROUP LEADER.

DO NOT ATTEMPT TO BREAK UP A DOG SCUFFLE!

STAY WITH YOUR HIKING GROUP!

DO NOT SWITCH DOGS WITH ANOTHER HIKER, UNLESS ASKED TO OR APPROVED
BY THE HOULAGANS' HIKE LEADER.

NO QUESTION IS SILLY OR STUPID – ASK, PLEASE!

IF YOU SEE A SNAFU ABOUT TO UNFURL, SPEAK UP! PLEASE!

WEAR APPROPRIATE FOOTWEAR AND CLOTHING.

BRING A PACK TO CARRY YOUR HOULAGAN'S WATER (NO ALCOHOL FOR YOU OR
THE PUP) AND SNACK. YOURS TOO!!

LEAVE NO TRACE. WHAT YOU PACK IN, YOU PACK OUT. THERE ARE COURTESY
BAGS FOR THE DOGS

IF YOU CANNOT SAY SOMETHING NICE ABOUT ANOTHER RESCUE ORGANIZATION,
PLEASE SAY NOTHING.

PAT YOURSELF ON THE BACK....YOU'VE HELPED A HOULAGAN!

I AGREE TO ABIDE BY THESE RULES AND THE PARK RULES:

SIGNATURE

DATE

PRINTED NAME

HIKE A HOULAGAN WAIVER

I agree to release, discharge, indemnify, and hold Houlagans' Rest and the Hike a Houlagan Program harmless for any and all damages to my person and/ or property while performing as a volunteer in a volunteer capacity and any and all duties for Houlagans' Rest or Hike a Houlagan Program. I recognize there exists a risk of injury or illness, including personal injury or harm in handling animals at Houlagans' Rest or a Houlagans' Rest event, including, but not limited to, Hike a Houlagan, in a volunteer capacity. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify, and hold harmless Houlagans' Rest, its agents, affiliates, servants, employees, and the Board of Directors from any and all claims, causes of action, or demands, of any nature or cause connected with my volunteer services. This is to include any costs and/ or attorney's fees incurred by Houlagans' Rest related to damages incurred or sustained by me in any way in connection with my volunteer services. Such damages or injuries might include, but are not limited to animal bites and scratches, injuries, and personal property damage. I further understand that public relations are an important part of my volunteering at Houlagans' Rest. I agree, therefore, on behalf of myself, my heirs, personal representative, and executors to allow Houlagans' Rest to use any photograph, or audio/ video taken of me for my use in a public relations effort. Any photographic images or audio, video tapes in which I appear will become the property of Houlagans' Rest, which can use them in any and all ways it sees fit. Houlagans' Rest will use reasonable efforts to notify me but such notification is not a pre-condition to the release of the photographs under the auspices of Houlagans' Rest. I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Volunteer Services Release and that I will comply with the same.

Date: _____ Volunteer Signature: _____

Date: _____ Parent and/or Guardian: _____

I, (print name) _____, the parent or guardian
of (print name) _____, understand and agree
fully to the terms and conditions of this contract.

Date: _____ Parent and/or Guardian: _____

HOULAGANS' REST
INCORPORATED

A Non-Profit Organization

10138 HULL STREET ROAD, SUITE D
MIDLOTHIAN, VIRGINIA 23112
(804) 938-6449

BOARD OF DIRECTORS

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DEBORAH O. JENNINGS
MELANIE P. JENNINGS
ANNE MARIE DUNN

Animal Cruelty Statement:

I, _____, do hereby solemnly swear and affirm as follows:

1. I have never been convicted of animal cruelty, neglect, or abandonment, pursuant to VA Code Section 3.2-6549

2. I will provide YOU with any and all updates to the Animal Cruelty Statement as changes occur.

Signature

Print

Date



HOULAGANS' REST
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HIKE A HOULAGAN
VOLUNTEER APPLICATION

DATE: ___/___/___

APPLICANT

NAME: _____ DATE OF BIRTH: ___/___/___

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE: _____

TELL US ABOUT YOURSELF:

DO YOU HAVE ANY PETS? IF SO, HOW MANY AND WHAT KIND?

DO YOU HAVE ANY EXPERIENCE WORKING WITH ANIMALS? IF SO PLEASE DESCRIBE:

DESCRIBE ANY PRESENT OR PREVIOUS VOLUNTEER JOBS:

DO YOU HAVE ANY ALLERGIES THAT WOULD PRECLUDE YOU FROM WORKING DIRECTLY WITH THE DOGS?

PARENT AND/ OR GUARDIAN SECTION IF APPLICANT YOUNGER THAN 18

PARENT AND/ OR GUARDIAN NAME (S): _____

PERSON TO CONTACT IN CASE OF EMERGENCY: _____

EMERGENCY CONTACT PHONE (S): _____

OFFICE USE ONLY

VOLUNTEER NAME: _____ DATE RECEIVED: _____

START DATE: _____ VOLUNTEER POSITION: _____

HOULAGANS' REST
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HIKE A HOULAGAN
VOLUNTEER APPLICATION

PLEASE CHECK WHICH ACTIVITIES YOU COULD COMMIT TO PERFORMING:

- EVENT MORNING : (USUALLY 8:30 P.M. TO 10:00 P.M.) WORK WITH DOGS- INCLUDES FEEDING, WATERING, AND CLEANING- WE WORK NO MATTER WHAT THE WEATHER CONDITION!!
 - TRANSPORTING THE HIKERS! PART OF HAH IS SOCIALIZATION OF THE PUPS. THIS ANSWERS THE QUESTION: HOW DO THEY RIDE IN A CAR?
 - GROUP LEADER: LEAD A SMALL GROUP OF VOLUNTEERS AND DOGS OUT ON TRAIL, KEEPING FOLKS ON TRAIL, AND SAFE RETURN TO PARKING AREA. DO YOU LIKE TO TALK ON A RADIO?
 - FOUNDATION TRAINING: SOME DOGS MAY NEED TRAIL WORK AT THE KENNEL. THIS IS A DAUNTING ENVIRONMENT – VERY DISTRACTING
 - OTHER INTERESTS:
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I UNDERSTAND THAT HOULAGANS' REST WILL PROVIDE TRAINING ON THE PROCEDURES THAT I WILL FOLLOW AS A VOLUNTEER.

SIGNATURE OF APPLICANT/STUDENT:

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICABLE):

DATE:
