

Medicine Horse

*Promoting Physical Wellness and Emotional Healing
in Partnership with Horses*

VOLUNTEER REGISTRATION & RELEASE FORM

Please Print

NAME _____ DATE OF BIRTH ____/____/____ AGE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (____) _____ WORK PHONE (____) _____

CELL PHONE _____ E-MAIL _____

PLACE OF EMPLOYMENT OR SCHOOL _____ OCCUPATION: _____

My employer gives me time off for volunteering

My employer matches cash donations

PARENT/GUARDIAN NAME _____ PHONE _____

(If volunteer is under 18 years of age)

REFERENCE NAME (non relative): _____ PHONE _____

Reason for
volunteering:

Personal
Fulfillment _____

School
Requirement _____

Court required
Community
Service _____

Other _____

How did you hear of
Medicine Horse?

Friend

Relative

Newspaper

Flyer

Other

PHOTO RELEASE: _____ I consent to and authorize _____ I do not consent to nor do I authorize the use and reproduction of any and all photographs and other audiovisual material taken of me/participant by Medicine Horse Therapeutic Riding, Inc. for promotional printed material, education activities, exhibitions, or for any other use for the benefit of the program. _____ Initial

POLICY OF CONFIDENTIALITY: Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at Medicine Horse must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities to our facility. Failure to abide by this policy may diminish the quality of the service we provide and result in legal ramifications. I have read and understand Medicine Horses' Policy of Confidentiality and agree to abide by same. _____ Initial.

LIABILITY RELEASE: I acknowledge the risks and potential of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Medicine Horse, its Instructors, Therapist, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a Medicine Horse volunteer from whatever cause, including but not limited to the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof. _____ Initial

Date: _____ Signature: _____

Signature of Parent/Guardian: _____

(If volunteer is under 18 years of age, both signatures are required)



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Medicine Horse to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

Or: _____ Phone _____

Physician's Name: _____ Town: _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Medical conditions and/or medications that may affect your volunteer role and that we should be aware of in the event of an emergency: _____

Allergies: _____ Date of last Tetanus shot: _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.

Date: _____ Consent Signature _____

(Parent or Guardian if volunteer is under 18 years of age)

NON-CONSENT PLAN – I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature _____

(Parent or Guardian if volunteer is under 18 years of age)

Please Complete

Are you First Aid Certified? _____ Are you CPR Certified? _____

Driver's License #: _____ State _____

Has your driver's license ever been suspended or revoked in any state? ____ YES ____ NO

If yes, when? _____ Where? _____ Why? _____

Have you ever been convicted of a criminal offense? ____ YES ____ NO. If yes, when? _____

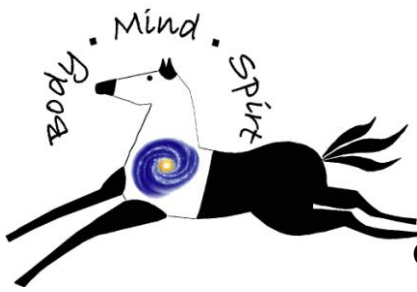
Where? _____ Please explain: _____

Upon request, you can be asked to submit an application for a criminal background check.

The information that I have provided may be verified, and I give permission to Medicine Horse to make inquiry of others concerning my suitability to act as a volunteer at Medicine Horse.

Date: _____ Signature _____

(If volunteer is under 18 years of age, **both** signatures are needed)



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GENERAL VOLUNTEER INFORMATION FORM

Name: _____

1. Please tell us of your experience with:

- Horses: _____
- Leading Horses and/or Sidewalking: _____
- People with Disabilities: _____

2. Your Volunteer Interests

- (A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s): _____
 Sidewalking Riders _____ Horse Leading (must have horse experience) _____ Coordinator (grooms & tacks horses for lessons)
- (B) **Equine Program Volunteer.** _____ Horse Care, Feeding, Cleaning Paddocks, etc.
- (C) **Facility / Farm Volunteer.** _____ General Maintenance & Repairs _____ Carpentry _____ Equipment Repair
- (D) **Office Volunteer.** _____ Data Entry _____ Reception _____ General Office Support _____ Mailings
- (E) **Summer Camp Volunteer.** _____ Assists with day camp activities
- (F) **Special Events & Fundraisers Volunteer.** _____ Serve on Special Events Planning Committees _____ Provide assistance day of event _____ Baking/cooking
- (G) **Special Skills Volunteer.** Do you have skills, technical/professional experience that would be beneficial to Medicine Horse? If so, please check any that apply?

_____ Photography _____ Sign Language _____ Cooking/Baking _____ Public Relations/Outreach _____ Construction
 _____ Fundraising Experience _____ Grant Writing _____ Computer _____ Graphic Design

3. Please indicate your Volunteer **availability**. This will serve as a **guideline** only. Your actual schedule will be arranged with the Volunteer Coordinator. Please put an **X** in the days and times when you are available to volunteer.

	8-9 am	9-10 am	10-11 am	11-12 pm	12-1 pm	1-2 pm	2-3 pm	3-4 pm	4-5 pm	5-6 pm	6-7 pm	7-8 pm
Mon												
Tue												
Wed												
Thu												
Fri												
Sat												
Sun												

I would like to commit to a regular day/time: _____ YES _____ NO

I cannot commit to a regular day/time right now, but would like to serve as a substitute _____ YES _____ NO

In addition to my regular hours (if applicable), I am available to substitute the following day(s)/time(s): _____

Thank you for taking the time to answer this questionnaire. Your responses provide useful information to help us better assess our volunteer corps, as well as select the best assignment for you. If, at any time, you would like to change your time, day or job assignment, please let us know