

Attended Orientation: Y N Date: _____

E ____, schd ____, hrs ____, contact ____, manual _____



Volunteer Application

Availability - I am available these days & times

No Sundays. Monday _____, Tuesday _____, Wednesday _____, Thursday _____, Friday _____, Saturday _____.

General Information:

Name _____ Date _____

Address _____ City _____ Zip _____

Primary Phone Contact _____ cell OR home

Date of Birth _____ Age _____ Email Address _____

Employer or School _____ Teacher _____

Emergency Contact: Name _____

Phone _____ Relationship: _____

I am interested in volunteering: (check one) Ongoing basis _____ **OR Fulfilling an Hours requirement : _____ # of hrs

Health History

Please describe your current health status, particularly regarding the physical/ emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent

hospitalizations/ surgeries, or lifestyle changes: _____

Allergies: _____

Medications: _____

Last tetanus shot (viable for 10 years) _____

(Consult your physician or local health dept. if yours tests/shots are not current)

Please identify physical, social, and/or behavioral conditions that might conflict with your volunteer duties:

Check which areas you are interested in:

Program

- Horse Handling
- Sidewalking
- Stable Management
- Facility Repairs

Special Events

- Horse Show
- Fundraising

Administration

- Public Relations
- Grant Writing
- Newsletter
- Photography/Video
- Budget & Finance

Once you have completed this application please call to schedule your Volunteer Training, which will take about two hours.



Please answer the following questions...

1. How did you hear about M.A.R.E?

2. What would you like to gain from your experience at M.A.R.E?

3. Do you have experience with horses? If yes, explain briefly.

4. Do you have experience working with mentally and/or physically disabled children and adults? If yes, explain briefly.

5. Lesson volunteers may lead a horse or walk beside a horse to assist the rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you?

6. Do you have previous volunteer experience? Please identify the most recent.

Thank you.
We appreciate your assistance;
we are sure your volunteer experience at M.A.R.E will be rewarding!



VOLUNTEER WAIVER AND RELEASE OF LIABILITY

Volunteers less than 18 years old: this form must be initialed and signed by a Parent or Legal Guardian.
NOTICE TO VOLUNTEER: DO NOT SIGN this agreement BEFORE you read it.

I, _____ (Volunteer's Name), acknowledge that I will not be permitted to participate in the M.A.R.E. Therapeutic Riding Center's Programs (herein, M.A.R.E. PROGRAMS), if I do not agree to the terms of this waiver. I further acknowledge that by agreeing to the terms of this waiver, I will be allowed to participate in the M.A.R.E. Therapeutic Riding Center Programs. _____ (initial) print name of parent or legal guardian _____

I ACKNOWLEDGE that I have the opportunity to have the M.A.R.E. PROGRAMS explained to me, or I have declined to have them explained to me. I UNDERSTAND AND FULLY APPRECIATE THE RISK OF INJURY INVOLVED in participating as a volunteer in the M.A.R.E. PROGRAMS. _____ (initial)

I ACKNOWLEDGE that I have read and fully understand the volunteer information and emergency procedure forms provided to me. _____ (initial)

I ACKNOWLEDGE that I will be shown the Equestrian Safety Video at my mandatory Orientation before I am able to begin participation. _____ (initial)

I would like to participate as a volunteer in the M.A.R.E. PROGRAMS. I ACKNOWLEDGE that mounted and un-mounted EQUESTRIAN ACTIVITIES, including but not limited to: riding a horse, driving or riding in a cart drawn by a horse, vaulting on a horse, and other mounted and un-mounted equestrian activities, 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. _____ (initial)

I ACKNOWLEDGE that due to the nature of equestrian activities, accidents can and do occur even if the utmost care and safety is exercised. Nevertheless, I hereby, EXPRESSLY WAIVE, RELEASE, AND FOREVER DISCHARGE M.A.R.E. Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Agents, Employees, Sponsors, and Affiliates 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. _____ (initial)

I ACKNOWLEDGE that I have carefully read this waiver and release and 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 a claim against M.A.R.E. Therapeutic Riding Center and all the other persons mentioned for ANY DAMAGES CAUSED BY THE NEGLIGENCE OF THE AFOREMENTIONED PARTIES. Or if my child is under 18 years old, I give my permission & consent to all of the above on his/her behalf.

Date: _____ Signature: _____
 Volunteer, Parent or Guardian

Photo Release: I Do or Do Not consent to and authorize the use and reproduction by M.A.R.E. Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibition or for any other use for the benefit of the center for their brochures, newsletter, website, etc.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? No YES, please explain _____

I _____ (your name), authorize M.A.R.E. Riding Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state of federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the PATH center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation. I understand the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

CURRENT DRIVER'S LICENSE? Y or N LICENSE NUMER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature _____ Date: _____

Volunteer Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize M.A.R.E. Therapeutic Riding Center to:

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

Emergency Contact Name: _____ Phone: _____

Physician's name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance: _____ Policy: _____

Please choose ONE:

Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the listed emergency contact person is unable to be reached.

Date: _____ Consent Signature: _____ Print name: _____
(Volunteer, Parent or Guardian)

OR

Non-Consent Plan: I do not give my consent for "life-saving" emergency medical treatment/aid in case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish for the following procedures to take place: _____

Date: _____ Non-Consent Signature: _____ Print name: _____
(Volunteer, Parent or Guardian)