

HIGH & MIGHTY™

THERAPEUTIC RIDING AND DRIVING CENTER INC.
501 (c)(3)

VOLUNTEER APPLICATION FORM PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES

Date: _____

General Information:

Name: _____ Date of Birth _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Preferred method of contact: Phone call (H/W/C) _____ Text _____ Email _____

Employer/School: _____

How did you learn about our program? _____

Current Driver's License? Y ___ N ___

Current Driver's License Number _____

State License Issued _____

Check areas in which you are interested in volunteering:

Program

- ___ Horse Handling
- ___ Sidewalking with Riders
- ___ Stable Management
- ___ Facility Repairs
- ___ Driving

Special Events

- ___ Horse Show
- ___ Summer Camp
- ___ Fundraising
- ___ Yearly Events

Administration

- ___ Public Relations
- ___ Grant Writing
- ___ Newsletter
- ___ Volunteer Recruitment
- ___ Photos/Video
- ___ Future Planning

Please list days and/or time of day that you are available to volunteer:

References:

Please list 3 references with phone numbers:

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____

Background Information

Do you have any current or past medical issues that may interfere with volunteering? Yes ___ No ___
If yes, please explain:

Have you ever been charged with or convicted of a crime? Yes ___ No ___
If yes, please explain:

I, _____ (volunteer/staff) authorize High & Mighty Therapeutic Riding and Driving Center, Inc. to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or 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 committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer/employee and I expressly DO NOT authorize High & Mighty Therapeutic Riding and Driving, Inc., its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature or signature of parent/legal guardian/conservator of volunteer in his/her name

Dated: _____

REQUIRED if Volunteer is under 18

*Required witness signature _____ Dated: _____

Print Witness Name _____

*Witness must be a non-family member over 18 years of age

Confidentiality Agreement

I understand that all information (written and verbal) about participants at High & Mighty Therapeutic Riding and Driving Center, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature or signature of parent/legal guardian/conservator of volunteer in his/her name

Dated: _____

REQUIRED if Volunteer is under 18

*Required witness signature _____ Dated: _____

Print Witness Name _____

*Witness must be a non-family member over 18 years of age

Authorization For Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____
Address: _____
Physician's Name: _____ Preferred Medical Facility: _____
Allergies to Medications: _____
Current Medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

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 High & Mighty Therapeutic Riding and Driving Center, Inc., I authorize High and Mighty Therapeutic Riding and Driving Center, Inc. to:

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

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 person(s) above is unable to be reached.

Date: _____ Consent Signature: _____
Signature of parent/legal guardian/conservator of participant in his/her
Name. REQUIRED if participant is under 18.

Non Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of High & Mighty Therapeutic Riding and Driving Center, Inc..

Parent of Legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Consent Signature: _____
Signature of parent/legal guardian/conservator of participant in his/her
name.

REQUIRED if participant is under 18.

LIABILITY RELEASE -- REQUIRED

_____ (Volunteer's Name) would like to participate in the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. therapeutic riding program ("Program"). I acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I believe that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and my assigns, executors, and administrators, waive and release forever all claims for damages against HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its Managing Member, Members, Instructors, Therapists, Aides, Volunteers, Employees and/or any farms, stables, clubs and their respective officers, directors, employees, agents, landowners and members for any and all injuries and/or losses I/mychild/my ward may sustain while participating in the Program from whatever cause, including but not limited to, the negligence of these released parties. This hold harmless agreement shall extend to all activities engaged in, including but not limited to, equine-assisted therapy and horseback riding.

I have read and understood the foregoing and fully consent to the provisions contained herein:

Dated: _____

Signature or Signature of parent/legal guardian/conservator of Volunteer in his/her name

REQUIRED if Volunteer is under 18

***Required witness signature** _____ **Dated:** _____

Print Witness Name _____

***Witness must be a non-family member over 18 years of age**

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. permission to take or have taken still and moving photographs and films including television pictures of my child/self, _____, and consents and authorizes HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., its advertising agencies, news media, and any other persons interested in HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work, to use and reproduce the photographs, film and pictures to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material and any other form of media, including High & Mighty's website and facebook page.

With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signatures(s) to this release other than the intention of HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. and its work.

_____ **I hereby consent to and authorize**

_____ **I do not consent to, nor do I authorize**

Dated: _____

Signature or Signature of parent/legal guardian/conservator of Volunteer in his/her name

REQUIRED if Volunteer is under 18

***Required witness signature** _____ **Dated:** _____

Print Witness Name _____

***Witness must be a non-family member over 18 years of age**

BASIC RULES: (Please sign and return)

All Participants will:

- Walk, not run, when in the barn/on the farm premises.
- Use appropriate voices and avoid sudden movements, particularly near the horses.
- Not chew gum or eat candy while riding or participating in program activities.
- Wear appropriate clothes and shoes for riding, avoiding loose or floppy items.
- Wear a currently ASTM-SEI approved helmet for all riding and stable activities.
- Absolutely not smoke on the farm premises.
- Not approach or feed any animals unless accompanied by a HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. representative who has been given explicit permission from the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. instructor.
- Prior to program, activities inform the instructor of any changes in the rider's medical condition.
- Prior to program activities, inform the instructor of any experiences that might affect the rider's behavior, safety or function while at the barn/on the premises.
- Inform the instructor of any schedule changes or conflicts that would affect the participant's attendance.

All others waiting or observing the Program will:

- Closely supervise participants, siblings of participants or visitors while waiting in the designated waiting/observation areas.
- Remain outside the riding arena at all times.
- Ask permission from the instructor to take photographs or use a flash camera.
- Wait for HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. authorized representatives to mount or dismount riders.
- Not approach or feed any animals unless accompanied by a HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. representative who has been given explicit permission from the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC. instructor.
- Absolutely not smoke on the farm premises.

All volunteers and staff will:

- Follow the procedures detailed in the [Volunteer Handbook]
- Wear appropriate clothing and shoes; avoiding loose, floppy or noisy items.
- Not use their cell phones during program.
- Prior to program activities, notify the instructor of any limitations or changes in their physical capabilities or pertinent medical conditions.
- Absolutely not smoke on the farm premises.
- Refrain from use of drugs or alcohol prior to and during Program activities.
- Maintain PATH INTL. accreditation standards.
- **Follow the HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. Confidentiality Statement.**

Failure to follow the established safety procedures, demonstration of inappropriate and/or abusive behavior towards others, incidents due to the use of drugs or alcohol, and demonstration of mistreatment/abuse of equine and/or other animals on the site may result in immediate dismissal from HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING, INC. or its Program, as the case may be. **I have read and agree to adhere to the basic rules and procedures outlined above.**

Dated: _____

Signature or Signature of parent/legal guardian/conservator of Participant in his/her name

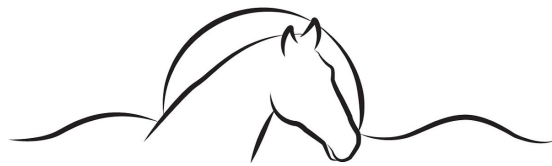
REQUIRED if Participant is under the age of 18

*Required Witness Signature: _____

Dated: _____

Print Witness Name: _____

Witness must be a non-family member over 18 years of age



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Volunteer Yearly Sign-Off

I, _____ (print name) hereby state that the information currently listed in my Volunteer Application is valid and up-to-date. I understand that if any of the information in my application were to change I must either alert the Volunteer Coordinator to make the appropriate changes and/or submit a new application. I understand that my Volunteer Application must be re-submitted every five years.

Signature

Date

Signature

Date

Signature

Date

Signature

Date

Signature

Date