



# 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:

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

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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.

\_\_\_\_\_ 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

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## 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.

\_\_\_\_\_ 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

## 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**

I, \_\_\_\_\_, 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 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/my child/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 services 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 Participant is under 18 years of age**  
**\*Required witness signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_  
**Print Witness Name** \_\_\_\_\_  
**\*Witness must be a non-family member over 18 years of age**

**PHOTO AND FIRST NAME RELEASE**

I, \_\_\_\_\_, acknowledge and grant permission to take or have taken still and moving photographs and films including television pictures by HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., of myself, \_\_\_\_\_, and consent and authorize 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, Facebook, Instagram, and other social media.

**Initials:** \_\_\_\_\_

In addition, I give permission and consent to have my first name, \_\_\_\_\_, listed with any photograph taken of me and used by 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 and 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, Facebook, Instagram, and other social media.

**Initials:** \_\_\_\_\_

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, pictures, and first name for the primary purpose of promoting and aiding HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., and its work.

\_\_\_\_\_ **I consent to and authorize use of photo.**      \_\_\_\_\_ **I do not consent to, nor do I authorize use of photo.**  
\_\_\_\_\_ **I consent to use of first name.**                      \_\_\_\_\_ **I do not consent to use of first name.**  
\_\_\_\_\_ **Dated:** \_\_\_\_\_  
**Signature or Signature of parent/legal guardian/conservator of Participant in his/her name**  
**REQUIRED if Participant is under 18 years of age**  
**\*Required witness signature** \_\_\_\_\_ **Dated:** \_\_\_\_\_  
**Print Witness Name** \_\_\_\_\_  
**\*Witness must be a non-family member over 18 years of age**

# High & Mighty Participant and Visitor Policies

(Please sign this copy and return)

**At High & Mighty the safety of our participants, staff, volunteers, horses and all others who visit the farm is our number one priority. Please carefully review the following guidelines as they help to maintain safety during all High & Mighty activities.**

- There is absolutely no smoking on the farm premises.
- The speed limit on High & Mighty property is 5 mph.
- Please walk when in the barn or on the farm premises.
- Please use appropriate voices and avoid sudden movements, particularly near the horses.
- Do not approach or feed any animals unless accompanied by a High & Mighty instructor or a representative who has been given explicit permission from a High & Mighty staff member.
- There is no chewing gum on farm premises.
- Use of drugs or alcohol is not permitted.
- Volunteers/staff are required to follow the procedures detailed in the Handbook as well as maintain PATH Intl. Accreditation Standards.
- All volunteers/staff are required to wear closed toed shoes, long pants and shirts with sleeves (no tank tops) for Program activities.
- Visitors wearing open toed shoes may not be allowed into the barn when Program activities are occurring.
- Visitors are required to remain outside the activity areas (arena, trails, barn, etc.) at all times unless given explicit permission. Please wait in the designated viewing and observation areas while Program activities are occurring.
- Please do your best to inform instructors within 24 hours of your scheduled shift if you will be unable to attend.
- Prior to Program activities, please inform the instructor of any limitations or changes in your physical capabilities or pertinent medical conditions.
- Cell phone use is not permitted during Program activities.
- Ask permission from the instructor to take photographs during Program activities or while on the farm premises.
- Please be mindful of all signage on the farm premises.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff member.
- All persons on High & Mighty property are required to abide by our anti-harassment and discrimination policy. A copy of this policy is on our website or can be provided in print upon request.
- Demonstration of inappropriate behavior and/or abusive behavior toward others, human or animal, while on the farm premises will not be tolerated and may result in dismissal from the Program.
- Failure to follow the above High & Mighty Participant and Visitor policies is taken very seriously and in some cases may be grounds for dismissal.

**Thank you so much for your assistance in keeping High & Mighty safe. Please sign below to indicate that you have read and agree to adhere to the basic rules and procedures outlined above.**

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**Volunteer Signature**

**Dated:** \_\_\_\_\_

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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

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Signature

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Date