



HIGH & MIGHTY™
 THERAPEUTIC RIDING AND DRIVING CENTER INC.
 501 (c)(3)

Volunteer Application

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 _____

Occupation (Past and/or Present): _____

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 indicate when you are available to volunteer:

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time(s):							

References:

1. Name: _____ Relationship: _____

Phone: _____

2. Name: _____ Relationship: _____

Phone: _____

3. Name: _____ Relationship: _____

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.

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

*WITNESS REQUIRED if volunteer is under 18: Witness must be a non-family member over 18 years of age

Witness Printed Name _____

Witness Signature: _____ Dated: _____

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 their parent/guardian in the case of a minor.

Dated: _____
Signature or signature of parent/legal guardian/conservator of volunteer in their name

*WITNESS REQUIRED if volunteer is under 18: Witness must be a non-family member over 18 years of age

Witness Printed Name _____

Witness Signature: _____ Dated: _____

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: _____

Or signature of parent/legal guardian/conservator of
Volunteer in their name.

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: _____

Or signature of parent/legal guardian/conservator of
Volunteer in their name.

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/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 their name

REQUIRED if Volunteer 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 of my HIGH & MIGHTY THERAPEUTIC RIDING AND DRIVING CENTER, INC., self/child/ward, _____, 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 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, 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 myself/child’s/ward’s, first name, _____, listed with any photograph taken of myself/child/ward, 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 Volunteer in their name

REQUIRED if Volunteer 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 Volunteer Policies

Please keep for your reference

- The speed limit on High & Mighty property is 10 mph and under, both up and down the driveway.
- Smoking and use of drugs and alcohol are not permitted.
- If you are unable to attend your scheduled shift for a non-emergent reason, please inform the Volunteer Coordinator a minimum of 24 hours prior to the shift.
- Before your scheduled shift, the Volunteer Coordinator or your instructor must be informed of any changes in your physical limitations, physical capabilities, or pertinent medical conditions.
- Please walk, use appropriate voices, and avoid sudden movements when on the farm premises, particularly when in the barn and near the horses.
- Do not approach or feed any animals unless accompanied by a High & Mighty staff member or having been given permission by a High & Mighty staff member.
- All volunteers/staff are required to wear closed-toed shoes, long pants and shirts with sleeves (no tank tops) for program activities.
- Cell phone use is not permitted while volunteering in program activities.
- Ask permission from the instructor to take photographs during program activities or while on the farm premises.
- In the event of an emergency, please follow the directions of the High & Mighty instructor or other High & Mighty staff members.
- Volunteers/staff are required to follow the procedures detailed in the Volunteer Handbook as well as maintain PATH Intl. Accreditation Standards.
- 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 and animal, will not be tolerated. Failure to adhere to this or any of the above High & Mighty Volunteer policies may result in dismissal from the program.

The safety of our participants, volunteers, staff, horses, and all others who visit the farm is our number one priority. Thank you so much for following these policies and assisting us in keeping High & Mighty safe.



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