VOLUNTEER APPLICATION AND INFORMATION PACKAGE

*Please Print Clearly*

# **Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State\_\_\_\_\_ Zip**\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Cell #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Text **Home** **#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **E-mail address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer/School** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Volunteer 14 or less - age \_\_\_\_\_\_\_\_\_\_**

**Availability** – Our Riding/Driving program has activities planned on Tues, Wed, Thurs, Fri & Sat mornings and Tues evenings. Please **circle** the day or days on which you would be interested in helping.

**Tuesday - AM Tuesday** - **PM** **Wednesday Thursday Friday Saturday**

How **much time** will it take you to travel from home to Stirrups ‘n Strides - **Round trip time**? \_\_\_\_\_\_

**Areas of Interest** (Please check) \****Our greatest need is for side walkers and horse handler\****

Side walking with a student  Volunteer recruitment

Leading a horse during class  Assist with carriage driving

Horse care - grooming, tacking, etc.  Equipment (Tack, etc.) care and repair

Horse Shows assist with prep & show  Maintenance-Barn, Fencing, etc.

Special projects/Events  Posters/Flyers/Newsletter

Fund Raising/Public Relations  Office - computer skills, filing, etc.

Other – Please list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Physical limitations?** \_\_\_ If so, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience with horses/ponies?** \_\_\_\_\_\_ If so, Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Special Training/Skills** (Circle) Special Ed. OT PT RN LPN EMT First Aid CPR

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you learn about Stirrups ‘n Strides? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Office use only please)

Tues AM  Tues PM  Wed  Thurs  Fri  Sat

Stirrups ‘n Strides Forms Complete  Volunteer Manual  Basic Volunteer Training  Data entered in computer  Name Tag  Youth Volunteer  Orient. Check List Completed Special Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER/PERSONNEL RELEASE OF LIABILITY**

**WARNING – Under Florida law, an equine activity sponsor or equine sponsor or equine professional is not liable for any injury or the death of, a participant in equine activities resulting from the inherent risks of equine activities.**

The undersigned acknowledges that the handling, riding and driving of horses is hazardous to both person and horse, and therefore, willingly and knowingly, accept whatever risks and potential risks are involved while volunteering, riding or driving horses under the instruction of Stirrups ‘n Strides Therapeutic Riding Center, Inc.: on the premises of Hi Time Farm. I, intending to be legally bound for myself, my heirs and assigns, executors or administrators, hereby waive and release forever all claims for damages against Stirrups ‘n Strides Therapeutic Riding Center, Inc., its Board of Directors, Personnel/volunteers, Wayne and

Betty Gray, and Hi-Time Farm for any and all injuries and/or losses I may sustain while volunteering in riding/driving and

handling activities or driving at Stirrups ‘n Strides Therapeutic Riding Center, Inc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

***Signature (Volunteer/Personnel) Date***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature (Parent/Guardian for Volunteer under age 18) Date***

**PHOTO RELEASE FORM FOR VOLUNTEERS/PERSONNEL**

I  **DO**  **DO NOT** consent to and authorize the use and reproduction by Stirrups ‘n Strides of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature (Volunteer/Personnel) Date***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Signature (Parent/Guardian for Volunteer under age 18) Date***

**BACKGROUND INFORMATION**

Have you ever been charged with or convicted of a crime?  No  Yes Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*volunteer/staff*), authorize Stirrups ‘n Strides to receive information from any law enforcement agency, including police departments 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 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 Stirrups ‘n Strides, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement -** I understand that all information (written and verbal) about participants at Stirrups ‘n Strides is confidential and will not be shared with anyone (unless legally required)without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

**Volunteers Commitment** – I will read the Volunteer Handbook, comply with all policies and procedures and follow the direction given by instructors or others in authority.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VOLUNTEER/PERSONNEL EMERGENCY RELEASE TREATMENT FORM**

**Volunteer/Personnel Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State**\_\_\_\_\_\_ **Zip**\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone:** Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Cell:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physician’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Physician’s Telephone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Health Care Insurance Co:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Policy #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN CASE OF AN EMERGENCY WHOM SHALL WE CONTACT?**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work** #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell** # **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred Medical Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have any medical condition requiring special precautions or treatment**?  None

**If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List medications and dosages:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency, the undersigned authorizes Stirrups ‘n Strides Therapeutic Riding Center, Inc to provide such medical assistance as they determine to be necessary. In the event that the preferred physician cannot be reached, the undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the participant, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

***(Sign in Presence of Notary****)*

**Signature of Volunteer/Personnel** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date \_**\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parent/Guardian (if under age 18)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_

**Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_**

**Signature Notarized**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Personally Known**

***(Print Name of Person signing document)* or**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Produced Identification**

**Notary Public–State of Florida Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Affix Notary Seal Here)* Florida ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**