



Therapeutic Riding Center, Inc.
4246 W. Hwy 318, Citra, FL 32113

Betty Gray, Executive Director (352) 427-3569
Anita Gossett, Volunteer Coordinator (352) 817-6446
Pat Lepak, Volunteer Coordinator (863) 660-0205

VOLUNTEER APPLICATION AND INFORMATION PACKAGE

Please Print Clearly

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Cell # _____ Text [] Yes [] No Home # _____ Other _____
E-mail address _____ Date of Birth _____
Employer/School _____ Volunteer Age (14 or older) _____

Availability - Our Riding/Driving programs have activities planned on Tues AM/PM, Wed, Thurs, Fri AM/PM, and Sat mornings. Please circle the day(s) on which you would be interested in helping.

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

How much time will it take you to travel round trip- to and from home to Stirrups 'n Strides? _____

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

- [] Side walking with a rider [] Special projects/Events
[] Leading, horse handler [] Fund Raising/Public Relations
[] Horse care - grooming, tacking, etc. [] Posters/Flyers/Newsletter
[] Horse Shows- assist with prep & show [] Office - computer skills, filing, etc.
[] Assist with carriage driving [] Other: Please list _____
[] Maintenance-Barn, Fencing, etc. _____

Physical limitations? [] Yes [] No If yes, specify _____

Experience with horses/ponies? [] Yes [] No If yes, specify _____

Special Training/Skills (Circle) Special Education OT PT RN LPN EMT First Aid CPR
Other _____

How did you learn about Stirrups 'n Strides? [] Friend [] Facebook [] Website [] Internet
[] Print article [] Other _____

(Office use only please)

[] Tues AM [] Tues PM [] Wed [] Thurs [] Fri AM [] Fri PM [] Sat
[] Stirrups 'n Strides Forms Complete [] Volunteer Manual [] Volunteer Training [] Data entered in computer
[] Name Tag [] Youth Volunteer [] Orientation Check List Completed Special Training: _____



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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? Yes No

Please explain: _____ Do you use illegal drugs? Yes No

Have you ever been the subject of a court order involving sexual abuse or physical abuse of a minor or an adult? Yes No

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: _____



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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 conditions requiring special precautions or treatment? Yes No

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
(Affix Notary Seal Here)

Driver's License # _____
Florida ID # _____