

Office Use Only

Rcvd Date: _____ O/T Date: _____ MM: _____

Volunteer Day: _____ AM / PM



Horses Help Volunteer Application

Name: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home # _____ Cell # _____ Text Msg? Yes [] No []

Birthday: _____ Veteran? Yes [] Matching Fund Program*? Yes []

*Many places of employment, credit unions, etc., offer matching fund programs where your donations of money or volunteer hours to designated charities will be matched by the employer, credit union, etc. This is particularly helpful during Ride-A-Thon and other fund raising events.

In Case of Emergency, Notify: _____ Phone # _____

Place of Employment: _____ Type of Work: _____

Volunteer Availability

M = Morning 7-11am MD = Mid-Day 11-4pm E=Evening 3-8pm

Please Circle: Mon (M MD E) Tue (M MD E) Wed (M MD E) Thur (M MD E)
Fri (M MD E) Sat (M MD E) Sun (M MD E)

Volunteer Committees

Volunteering is a tremendously self-rewarding adventure. At Horses Help, you can choose from a great many jobs and committees. All of these jobs or committees are designed to help support our special needs programs. Whatever your talents or interests, we can put them to good use at Horses Help!

ADMINISTRATIVE: YES []
Data entry, drafting correspondence, meeting notes, phoning, research, accounting.

VOLUNTEER SUPPORT YES []
Help develop and assist with training, recognition and recruiting.

FUNDRAISING: YES []
Join this team of outgoing individuals and spread our passion for our programs while raising money to keep riders in the saddle!

MARKETING: YES []
Create storyboards, shoot video, take pictures, create newsletters, maintain our web site and reach out to others and share our passion.

FREEDOM RIDERS: YES []
Are you ready to share your pride in our veterans? We have a specially designed program to serve our veterans or the families of those who serve.

SPECIAL EVENTS: YES []
Visit a nursing home or school with our miniature horse; spend time planning a golf tournament, dinner/auction or any other of our amazing events!

FACILITY MAINTENANCE: YES []
Are you a handyman or green thumb type? We can always use help to maintain and improve the premises.

HORSE CARE: YES []
Grooming, training, exercising and general health and maintenance of our herd.

HORTICULTURE: YES []
Come on out and cultivate our fruit and veggie producing garden. Weed, water and pick anything that's ripe! Help develop gardening programs for the community.

TACKS FIFTH AVENUE: YES []
Help coordinate used tack drives within the equine community. Organize tack inside the store and help execute monthly store openings.

Special Olympics – All volunteers working at Horses Help must complete the Special Olympics Arizona General Orientation Quiz and the Special Olympics Protective Behaviors Online Training. **Please note:** list Horses Help as your delegation and select 'Coach' where available.

General Orientation Quiz

<http://soaz.org/general-orientation-quiz>

Yes []

Protective Behaviors Training

http://resources.specialolympics.org/protective_behaviors_training.aspx

Yes []

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Volunteer Information

T-Shirt Size: **S M L XL XXL** (Volunteers receive a Horses Help T-Shirt after 20 hours of service)

Are you under the age of 18? If yes, it is imperative, before you start volunteering, to have a parent or guardian sign the:

- 1) Photo Release, 2) Liability Release, and 3) Emergency Medical Treatment Consent

How did you hear about Horses Help?

Agency: _____ Other: _____

This information is important for Horses Help to study the most effective means of reaching the public through the media.

All our volunteers 'donate' on an annual basis by giving their time. However, we also ask all first time volunteers to make a monetary donation of \$10 to cover administrative, t-shirt and training costs.

Yes []

Have you had an immunization against Tetanus in the past 10 years? If yes, when? _____

Yes []

Have you had CPR/First Aid Training? If yes, when? _____

Yes []

Would you be interested in taking a special group class for CPR?

Yes []

Do you speak a language other than English? If yes, which language(s)?

Yes []

Do you know American Sign Language?

Yes []

Have you worked with people with disabilities before? If yes, please explain:

Yes []

Time Commitment

Horses Help is a volunteer dependent non-profit organization. *Do you understand that if you do not come at your designated volunteer time, a rider may not be allowed to ride due to safety precautions?*

Yes []

Can you commit to helping for at least a 6-week period?

Yes []

Can you commit to 3-4 hours per week, mid-September through May?

Yes []

Would you be willing to be listed on an 'On Call' list? In the event that a class is short volunteers may we call you as a substitute?

Yes []

If called for an emergency substitution, how quickly could you get to Horses Help?

Yes []

Physical Commitment

Can you walk briskly for 30 minutes beside a horse?

Yes []

Are you comfortable jogging beside a horse for a short distance?

Yes []

Given a chance to change sides, can you hold one of your arms above your shoulder and support modest weight?

Yes []

Do you have any physical limitations or medical conditions about which we should know?

Yes []

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Donation Information

NAME AS I WOULD LIKE LISTED IN PUBLICATIONS: _____

PLEASE DO NOT LIST MY NAME IN ANY PUBLICATION

Address: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

ANY gift can help a horse or human!!!

I would like to contribute \$ _____ today.

PLEASE ACCEPT A MONTHLY GIFT OF:

_____ \$5.00 MONTHLY FOR ONE YEAR

_____ \$10.00 MONTHLY FOR ONE YEAR

_____ \$25.00 MONTHLY FOR ONE YEAR

_____ \$50.00 MONTHLY FOR ONE YEAR

_____ \$100.00 MONTHLY FOR ONE YEAR

_____ \$200.00 MONTHLY FOR ONE YEAR

_____ MY CHECK IS ATTACHED, MADE PAYABLE TO *HORSES HELP THERAPEUTIC RIDING CENTER*

_____ Please charge \$ _____ to my: American Express Discover MasterCard Visa

Card # _____ -Exp. Date _____ CCV # _____

Name as it appears on card: _____

Billing address (if different from above): _____

Signature: _____ Date: _____

_____ I/We authorize Horses Help to charge the above credit card for my pledge each month/year.

NAME (Please Print): _____

PHONE NUMBER: _____

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LIABILITY RELEASE

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Horses Help, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses Help, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Horses Help event.

I further acknowledge that I will not hold Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Horses Help, its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Horses Help events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Horses Help activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses Help event is being held, or any person or equipment affiliated with said event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses Help events are conducted, including minors.

VOLUNTEERS: I represent that I am physically able to undertake all reasonable volunteer activities and I participate in such activities at my own risk. INITIALS: _____

Warning: Under Arizona Law, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A. R. S. s 12-553.

I have read and understand all of the above and waive any claim which may arise against Horses Help, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses Help events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horses Help events.

I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Signature of Volunteer
(Parent/Guardian must sign if volunteer is under age of 18)

Date

Horses Help Volunteer Application

PHOTO/VIDEO RELEASE

I understand that I must consent to and authorize the use and reproduction of any and all photographs and any other audiovisual materials taken of me, my son/daughter or ward, for promotional printed material, educational activities, social media and exhibitions or for any use for the benefit of Horses Help.

I Consent I Do Not Consent

Signature of Volunteer
(Parent/Guardian must sign if volunteer is under age of 18)

Date

RISK MANAGEMENT STATEMENTS

- | | | |
|--|---|---|
| ❖ I understand that I cannot smoke while on the property of Horses Help unless in designated area. | Y | N |
| ❖ I understand Horses Help has designated business hours at which time staff are present on property. | Y | N |
| ❖ I understand that I must wear an approved ASTM approved riding helmet to ride any horse. | Y | N |
| ❖ I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping. | Y | N |
| ❖ I understand that horses are unpredictable. They may kick, bite, and step on me. | Y | N |

Signature of Volunteer
(Parent/Guardian must sign if volunteer is under age of 18)

Date

CONFIDENTIALITY STATEMENT

- ❖ Volunteers, riders and their families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses Help shall preserve that right of confidentiality for all individuals in its program.

I, by signing below, acknowledge this policy and will abide by it.

Signature of Volunteer
(Parent/Guardian must sign if volunteer is under age of 18)

Date

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 the agency, I authorize HORSES HELP to:

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

Volunteer Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: (_____) _____ Date of Birth: _____

Parent/Guardian/Emergency Contact Person:

1. Name: _____ Phone: (_____) _____

2. Name: _____ Phone: (_____) _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Insurance ID _____

ALLERGIES, MEDICAL CONDITIONS and MEDICATIONS
(Please list any medical problems, special situations, seizure activity, etc.)

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medical and any treatment deemed "Life Saving" by the physician.

This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent Signature: _____
(Parent/Guardian must sign if volunteer is under age of 18)

PRINT Emergency Contact Name: _____ Phone: (_____) _____

Address: _____

NON-CONSENT PLAN

I do not give my consent to emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the Agency. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Date: _____ Consent Signature: _____
(Parent/Guardian must sign if volunteer is under age of 18)

PRINT Emergency Contact Name: _____ Phone: (_____) _____

Address: _____

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HORSE HANDLING APPLICATION

Name: _____ Phone: (_____) _____ - _____

Cell: (_____) _____ - _____ Can you receive/send text messages: Yes No

Email: _____ Age: _____ Date: _____

To be completed by people with NOVICE to ADVANCED horse handling experience only.

PLEASE ANSWER ALL QUESTIONS THOROUGHLY!

Handling horses for riders with disabilities takes a lot of responsibility. **If you have novice to advanced *previous* experience with horses and feel that you would be able and willing to take on the responsibility of working with our horses and riders in class, please fill out this application** and turn it in to the volunteer coordinator with your volunteer packet. Your application will then go to our Director of Equine Services for review and scheduling of "hands-on evaluation" and/or training in the "Horses Help way" of doing specific procedures. There are so many different ways of doing things with a horse that it is important to get everyone on the same page so that each horse has a consistent way of being worked with. **Volunteer must be 16 years of age to lead in class.**

What type of riding have you done? Western English Other _____

How often do you usually ride? _____

Do you own your own horse? Yes No

Have you had any professional training? Yes No

If **YES** to the above question:

How much professional training did you receive and what were you being trained on? _____

If **NO** to the above question:

What type of experience/non-professional training have you had? _____

Have you shown horses? Yes No

If yes, what classes? _____

Have you ever worked as an equine professional? Yes No

If yes, please give details. _____

Interested in exercise riding or becoming an instructor? If yes, please provide your weight: _____

What days and times would you be available for training? **Please circle ALL that apply.**

(M=mornings, A=afternoon, E=Evenings)

Monday	M	A	E	Friday	M	A	E
Tuesday	M	A	E	Saturday	M	A	E
Wednesday	M	A	E	Sunday	M	A	E
Thursday	M	A	E				

For Horses Help Use Only	
___ Horse care	___ H(S)
___ Prep	___ H(V)
___ AHH	___ FR/EFL
___ C AHHT	___ N