



Date: _____

VOLN. DAY: _____ AM / PM (Verify with Instructor)

HORSES HELP
RETURNING VOLUNTEER APPLICATION
Fill in Name and E-mail Address and any NEW information PLUS AVAILABILITY – PLEASE:>)

NAME: _____ E-Mail _____

MAILING ADDRESS: _____ CITY _____ ZIP _____

PHONE: (h (____)) _____ (w/c (____)) _____ Text: _____

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) Thu (M MD E)

Fri (M MD E) Sat (M MD E) Sun (M MD E)

- Have you had immunizations against Tetanus in the past 10 years?
Health professionals recommend that immunization against Tetanus be secured every 10 years, especially when working around animals. Y N
- Have you had CPR/First Aid Training? Date _____ Y N
- Would you be interested if we offered a special group class for CPR? Y N

Have you signed up for a Committee yet??

All of these 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, preparing meeting notes & communicating with our 4000 supporters
Hours are flexible and our efficient staff supports you and your efforts.

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

HORSE CARE: YES
Would you like to help with training, conditioning and the general health maintenance of our therapeutic riding herd?
Get involved with these wonderful animals and make a difference.

VOLUNTEER SUPPORT: YES
Be on the team to help develop & assist with training, recognition, and recruiting great people like yourself.

MARKETING: YES
We need creative people to help tell our story. Create story boards, shoot video, create newsletters, &/or work on our web site. These are just some of the great marketing ideas we will use to spread the word

SPECIAL EVENTS: YES
How does visiting a Nursing Home with our miniature horse, or spending time coordinating efforts with a rodeo, or planning a golf tournament, or dinner dance auction sound?
Special Events planning is a big part of what we do as an organization. You can be a part of a special event team!



VOLUNTEER NAME: (Please Print) _____

PHONE NUMBER: (AREA CODE: () _____

HORSES HELP 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.

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. s12-553

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

Signature of Parent/Guardian (if necessary)

Date: _____



HORSES HELP 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/my daughter/my ward, for promotional printed material, educational activities, social media and exhibitions or for any other use for the benefit of the programs at Horses Help.

I consent

I do not Consent

Signature of Volunteer

Parent or Guardian (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 or Guardian (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 or Parent/Guardian

Date

HORSES HELP -- 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.

Rider/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 or Guardian must sign if rider or volunteer is under age of 18)

PRINT 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: _____ Non-Consent Signature: _____

(Parent or Guardian must sign if rider or volunteer is under age of 18)

PRINT Name: _____ Phone: (____) _____

Address: _____



Horses Help Protective Behaviors and Agreement to Comply With Special Olympics and Background Check Information

It is a policy of Horses Help to provide a safe environment for all of our Riders, Volunteers and Guests. Because Horses Help is a delegation for Special Olympics Arizona Equestrians, we require all volunteers to take the online Special Olympics ***“Protective Behaviors”*** Educational Instruction.

In addition to completing the online course, you will be required to fill out the “Class A” Volunteer Application. This is a requirement for our volunteers to work directly with our participants as a Coach or Sidewalker. The Class A volunteer application will require you to be subject to a background check by Special Olympics Arizona and given to Horses Help Administrators.

Please give date completed:

Protective Behaviors Online Course: _____

Application for Class A Volunteer: Turn in at time of orientation:

Yes

NO

Date Submitted

Special Olympics: All Volunteers working at Horses Help must complete the online application for Special Olympics Arizona and the Protective Behaviors online course.

1. Application Link www.soaz.org

2. General Sessions Link <http://soaz.highlandweb.com/gsc/main.asp>

3. Protective Behaviors Link

http://www.specialolympics.org/protective_behaviors.aspx