

Office Use Only

Rcvd Date: _____ Fundly: _____ U-Attend#: _____ Program Year: 21.22 Donation amt/date: _____

VOLUNTEER APPLICATION

(Must be completed in blue or black ink)

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

VOLUNTEER NAME: _____ DATE COMPLETED: _____

E-MAIL: _____ D.O.B.: _____ AGE: _____ SEX: Male Female

PHONE #1: _____ Text OK? PHONE #2: _____ Text OK?

ADDRESS: _____ CITY/STATE/ZIP: _____

SCHOOL/EDUCATION: _____ Grade/Highest Education: _____

ETHNICITY (for grant purposes only): American Indian/Alaska Native Asian White

Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander Other: _____

PLACE OF EMPLOYMENT: _____ POSITION: _____

MILITARY, FIRE, or POLICE? 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.

ARE YOU VOLUNTEERING FOR SCHOOL/INTERNSHIP/COMMUNITY SERVICE? YES NO

IF YES, PLEASE GIVE DETAILS: _____

HOW DID YOU HEAR ABOUT US? Website Internet Search Friend/Family/Doctor

Volunteer Availability

(All times are flexible) M = Morning 7-11am E = Evening 4-8pm

Please Check: Mon (M) (E) Tue (M) (E) Wed (M) (E) Thur (M) (E) Fri (M) (E) Sat (M)

Are you able to commit to a regular schedule for a 5-6 week Session? Yes No

Are you willing to be on our "On Call" list? Yes No How long will it take you to get to HH? _____

T-Shirt Size: S M L XL XXL

Do you speak a second language Yes _____ No Do you know ASL? Yes No

Health History

**Please note that some of the volunteer opportunities available at Horses Help are more physical than others. Please ensure that you list ANY health concerns that may affect your ability to work safely around our herd and/or with our Participants. This includes overall fitness, cardiac health, respiratory health, bone or joint function, hospitalizations/surgeries and any lifestyle changes that may affect your emotional/mental state while volunteering at Horses Help.*

Do you have any physical limitations or medical conditions about which we should know? Yes No

If so, please list: _____

Allergies: _____

Medication: _____

When was your last Tetanus Shot? _____

Physical Commitment

Are you able to walk at a brisk pace for at least 30 minutes? Yes No

Are you able to carry and/or support at least 50lbs? Yes No

Are you able to jog for a short distance? Yes No

Emergency Contact Information

1) Name: _____ Phone: _____ Relationship: _____

2) Name: _____ Phone: _____ Relationship: _____

Volunteer Jobs

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

ADMINISTRATIVE & MARKETING YES

Data entry, filing, drafting, correspondence, meeting notes, phoning, research, accounting, create newsletters, maintain our website, create story boards, take pictures and reach out to others to share your passion.

FUNDRAISING: YES

Interested in networking? This group of volunteers reach out to local businesses to donate goods and products for raffles and auctions throughout the year. We also have a committee dedicated to grant writing.

CARDINALS CREW: YES

The **Cardinals Crew** runs two vending locations at the University of Phoenix Stadium during all home games. This is an OFF-SITE LOCATION. Additional Cardinals Crew paperwork will be required.

SPECIAL EVENTS: YES

Attend volunteer fairs at local schools and companies to promote the various volunteer opportunities available to our community. Attend local equine events, spend time planning a golf tournament, or help during any other of our amazing events!

CRAFTY CREW: YES

Assist with creative decoration of Horses Help for upcoming special events. Make and send out birthday wishes to participants and volunteers. Keep signage and calendars up to date around the property.

GARDEN GNOMES: YES

Are you a handyman or love spending time around a garden? We can always use help to maintain and improve the premises. Weed, water and pick anything that's ripe! Come out and cultivate our fruit and veggie producing garden and train future horticulture volunteers.

SUMMER PROGRAMS: YES

Are you available to help in our various summer programs that run May-June each year? Our summer programs have a different format than our typical program year classes and are a fun change of pace for volunteers.

BARN BUDDY: YES

Come help around the barn! Barn buddies help with stall cleaning, feeding, turn out, etc. No horse experience required, however you must be able to work independently alongside our other barn buddies.

LEVEL 1 (SIDEWALKER & COACH): YES

Many of our riders may need assistance in maintaining their balance or in processing instructor directions. While students learn how to ride, side walkers and coaches provide physical, emotional and verbal support while walking next to the horse. Additional training required.

LEVEL 2 (HORSE HANDLER): YES

Help our instructors prep horses before classes including grooming, tacking, and leading horses to and from cross ties and stalls. Additional training required.

LEVEL 3 (HORSE LEADER) horse experience required: YES

Riders who need assistance in steering their horses during class need assistance from you! Come before class to groom, warm-up and tack horses and then lead them for our students. Additional training required.

VOLUNTEER MENTOR YES

Once you know the ropes around Horses Help, you would be recruited to assist with Level 1-3 trainings, Barn Buddy Mentoring, etc. Volunteer Mentors would be looked up to as leaders and expected to uphold and demonstrate Horses Help policies on a consistent basis.

Photo/Video Release

I understand that I 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 (If volunteer is under the age of 18, Parent/Guardian must sign)

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 (If volunteer is under the age of 18, Parent/Guardian must sign)

Date

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, emotionally, and mentally 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 (If volunteer is under the age of 18, Parent/Guardian must sign)

Date

Risk Management Statements

- | | | |
|---|----------------------------|----------------------------|
| ❖ I understand that I cannot smoke while on the property of Horses Help. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| ❖ I understand Horses Help has designated business hours at which time staff are present on property. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| ❖ I understand that horses are not to be fed anything by hand and that I am not to pet or handle a horse without training and permission. | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| ❖ I understand that horses are unpredictable and they may kick, bite, and step on me. | <input type="checkbox"/> Y | <input type="checkbox"/> N |

Signature of Volunteer (If volunteer is under the age of 18, Parent/Guardian must sign)

Date

Donation Information

All our volunteers 'donate' on an annual basis by giving their time. However, many of you would like to make a financial contribution as well, this document serves that purpose.

NAME AS I WOULD LIKE LISTED IN PUBLICATIONS: _____

Please do not list my name in any publications

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

ANY gift can help. Tell us where you would like your gift to go:

Horse Sponsorship General Donation Hay Sponsorship

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: _____