

Office Use Only

Rcvd Date: \_\_\_\_\_ NPE: \_\_\_\_\_ UAttend#: \_\_\_\_\_ Ride Year: 17/18 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?: Y N PHONE #2:(\_\_\_\_) \_\_\_\_\_ Text OK?: Y N  
ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

SCHOOL/EDUCATION/: \_\_\_\_\_ Grade/Highest Education: \_\_\_\_\_  
ETHNICITY (for grant purposes, please circle one): American Indian/Alaska Native Asian White  
Black/African American Hispanic/Latino Native Hawaiian/Pacific Islander Other: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ POSITION: \_\_\_\_\_  
MILITARY, FIRE, or LEO? 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/INTERSHIP/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 Circle: 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

Do you have any physical limitations or medical conditions about which we should know? [ ] 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.*

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

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, 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 [ ]

The Hunter & Gatherers reach out to local businesses to donate goods and products for raffles and auctions throughout the year.

**CARDINALS CREW:** YES [ ]

The Cardinals Crew runs two vending locations at the University of Phoenix Stadium during all home games. 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 to promote Horses Help, visit a nursing home or school with our miniature horse; spend time planning a golf tournament, dinner and auction or 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.

**HORTICULTURE & FACILITY MAINTENANCE:** YES [ ]

Are you a handyman or green thumb type? 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.

**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 provide physical, emotional and verbal support while walking next to the horse.

**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.

**BARN BUDDY (no horse experience needed):** YES [ ]

Looking to roll up your sleeves and get a little dirty?? Well look no further! 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.

**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 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 unless in a designated area                                      | <b>Y</b> | <b>N</b> |
| ❖ I understand Horses Help has designated business hours at which time staff are present on property                                     | <b>Y</b> | <b>N</b> |
| ❖ 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 | <b>Y</b> | <b>N</b> |
| ❖ I understand that horses are unpredictable and they may kick, bite, and step on me.  | <b>Y</b> | <b>N</b> |

\_\_\_\_\_  
**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, we also ask all first time volunteers to make a monetary donation of \$10 to cover administrative and training costs. You will also receive a volunteer decal with your donation.**

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:**

Participant Scholarship [ ]    Horse Sponsorship [ ]    Hay Sponsorship [ ]    Any [ ]

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: \_\_\_\_\_