



VOLUNTEER/STAFF APPLICATION and HEALTH HISTORY

General Information (please print clearly)

Name: _____ Date: _____

Home Address: _____

City _____ ZIP _____

Employer/School: _____

Work Address (if applicable):

Date of Birth: _____ Phone: (H) _____ (W) _____

E-mail: _____ @ _____

Parent/Legal Guardian/Emergency Contact Name and Address:

How did you learn about the program?

Recent medical tests: _____

Date of last tetanus shot: _____

Tuberculosis Test (circle one): positive negative Date: _____

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 Horseshoes of Hope Equine Academy 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

This provision will only be invoked if the person(s) above is unable to be reached

Name of Participant: _____

Name of Parent, Legal Guardian: _____

Consent Signature: _____ Date: _____

Participant, Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency treatment/aid is required; I wish the following procedure to take place:

Name of Participant: _____

Name of Parent, Legal Guardian: _____

Non-Consent Signature: _____ Date: _____

Participant, Parent or Legal Guardian

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime (circle one)? YES NO

I, _____ (volunteer/staff), authorize Horseshoes of Hope Equine Academy 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 I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the operating center, 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: _____
(volunteer/staff)

CURRENT DRIVER'S LICENSE: (circle one) YES NO

LICENSE NUMBER _____ STATE: _____

Are you comfortable working or walking around horses (circle one)? YES NO

Do you have experience with horses (circle one)? YES NO

If yes, please describe:

We want your experience with Horseshoes of Hope to be fun, educational and inspiring. Is there something specific you would like to learn as a Horseshoes of Hope volunteer? If so, please describe:

RELEASE AND HOLD HARMLESS AGREEMENT

The program at **Horseshoes of Hope Equine Academy** provides therapeutic horseback riding for children and adults. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise.

No student will be accepted for riding instruction and no volunteer accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the parent(s) or guardian(s) of a minor, or if the student or volunteer is of legal age and sound mind, by the student or volunteer.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and rider can be injured in normal use or in competition and schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by **Horseshoes of Hope Equine Academy, Horseshoes of Hope LLC and John H. Lambert** or any of the organizations or persons connected with the above named facilities.

IN CONSIDERATION for the privilege of riding and/or working around horses at **Horseshoes of Hope Equine Academy**, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify **Horseshoes of Hope Equine Academy, Horseshoes of Hope LLC and John H. Lambert**, their officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney's fees, which the undersigned or said minor may now or in the future have against the **Horseshoes of Hope Equine Academy, Horseshoes of Hope LLC, and John H. Lambert**, their officers, directors, trustees, agents, employees, representatives, successors and assigns on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to the **Horseshoes of Hope Equine Academy, Horseshoes of Hope LLC, and John H. Lambert**, their officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

Date _____ Participant Name (Print) _____

Participant or Parent/Guardian Signature _____

Print Parent/Guardian Name (If Applicable) _____

Relationship to Participant _____

Address _____

City _____ State _____ Zip _____

Thank you for volunteering. Your participation is truly appreciated.

PHOTO RELEASE

_____| **DO** consent to and authorize the use and reproduction by Horseshoes of Hope
(Initial) Equine Academy of any and all photographs and any other audio/visual
materials taken of me for promotional materials, educational activities,
exhibitions or for any other use for the benefit t of the program.

_____| **DO NOT** consent to or authorize the use and reproduction by Horseshoes of
(Initial) Hope Equine Academy of any photographs or other audio/visual materials taken
of me while participating in equine assisted activity programs at the facility.

Name of Participant: _____

Name of Parent, Legal Guardian: _____

Signature: _____ Date: _____

Participant, Parent or Legal Guardian

Volunteer Termination Policy

Volunteering at Horseshoes of Hope Equine Academy is a privilege. We do appreciate all the skill, energy and commitment volunteers bring to our programs. Sometimes it may be necessary to remove a volunteer from a specific class or from programs at Horseshoes of Hope Equine Academy.

Please understand for the safety and continuation of excellence in programming, an inattentive volunteer, or one who cannot perform the functions or duties of a volunteer, will be removed from classes and may be placed at other aspects of the program or invited not to return to Horseshoes of Hope Equine Academy.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to work/volunteer at Horseshoes of Hope Equine Academy. If there may be a question, Horseshoes of Hope staff will error on the side of caution, and will not permit the individual to volunteer.

Signature: _____ Date: _____

Print Name: _____

Participant, Parent or Legal Guardian