

Office Use Only

Date: _____

Volunteer Day: _____ AM / PM (Verify with Instructor)



Horses Help Volunteer Application Form

Volunteer Name: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Place of Employment: _____ Type of Work: _____

Home # (____) _____ - _____ Work # (____) _____ - _____ Cell # (____) _____ - _____

In Case of Emergency, Notify: _____ Phone # (____) _____ - _____

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.

How did you hear of Horses Help?

Agency: _____ Newspaper (name): _____

Other: _____

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

Community Service?

School: _____ Contact: _____ Hours Needed: _____

Court Ordered: _____ Hours Needed: _____

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 []

Your timely phone call is necessary so we may obtain a replacement volunteer.

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

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

Would you be willing to be listed on an 'On Call' list? Yes []

Would you be willing to call someone to substitute for you in the event of your absence? Yes []

In the event that a class is short on volunteers due to illness, school activities, etc., may we call you in as a substitute? Yes []

Special phone number to reach you, if other than listed above? (____) _____ - _____

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

Have you included all area codes (Home, Work, Cell, Emergency) and address zip codes? Yes []

Is all of your personal information legible? Yes []

[continued on next page]



Horses Help Volunteer Application Form (cont'd)

Physical Commitment

Can you walk for 30 minutes and jog beside a horse for a short distance? Yes []

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

Given a chance to change sides, can you hold your arm above your shoulder and support modest weight? Yes []

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.* Yes []

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

Would you be interested if we offered a special group class for CPR? Yes []

Do you speak a language other than English? Yes []

If yes, which language(s)? _____

Do you know American Sign Language for the Deaf? Yes []

Have you worked with people with disabilities before? Yes []

If yes, please explain: _____

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!

Get in Gear and Volunteer!

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Horses Help Volunteer Application Form (cont'd)

Volunteer Information

T-Shirt Size: **S M L XL** (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 your parent sign the:

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

Check off the Committee you would like to be added to and

circle your skills:

<p>Administration: Would you like to help with duties like data entry, drafting correspondence, preparing meeting notes, and communicating with our 4000 supporters? Then this is the job for you! Hours are flexible and our efficient staff supports you and your efforts.</p>	<p>Yes []</p>
<p>Accounting • Administrative Tasks • Computer Repair • Cost Comparisons Shopping • Organizational Skills • Phoning • Research • Surfing the Net • Data Entry</p>	

<p>Marketing: Do you want to get creative? We need inspired 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 that we need to spread the word.</p>	<p>Yes []</p>
<p>Communications • Marketing • Photography • Videography • Writing</p>	

<p>Special Events & Fundraising: Do you like meeting new people in the community? How does visiting Children's Hospitals with our miniature horses, or spending time coordinating efforts with a rodeo, or planning a golf tournament? Special event planning is a big part of what we do. Join this team of outgoing individuals and spread our passion for our programs while raising money to keep kids in the saddle!</p>	<p>Yes []</p>
<p>Meeting & Greeting • Soliciting Support • Research • Surfing the Net Recruiting Participants • Mailing Preparation • Arts & Crafts Decorating • Organizational Skills • Community Presentations <i>Special Events</i> Big Bad Barnyard Sale • Golf • Trail Trials • City Slickers • Spring Round-Up Pony Express • Special Olympic Equestrian Events</p>	

<p>Volunteer Program Development and Support: Our program revolves around great volunteers! Be on the team to help develop volunteer programs and assist with training, recognition, and recruiting great people like you. You will be working directly with the community, schools, and local agencies to build our teams.</p>	<p>Yes []</p>
<p>Mentoring • Training • Volunteer Recruitment • Phoning • Public Speaking</p>	

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Horses Help Volunteer Application Form (cont'd)

<p>Horse Care: Do you ride Western or English? Have you shown horses? Based on review of your <i>Horse Experience Survey</i> and acceptance by the Equine Director, would you like to help with training, grooming, and the health and maintenance of our therapy horses? Get involved with these wonderful animals and make a difference.</p>	Yes []
Grooming • Training • Exercising • Equine Care	

For experienced volunteers, remember to submit your completed Horse Handling Application.

<p>Facility Maintenance: Are you a handyman or green thumb type? We can always use help to maintain and improve the premises. Can you help us paint, repair, improve, or further beautify our facilities? Horses Help is going green – if you have environmental experience come help us optimize our facilities.</p>	Yes []
Electrical • Landscaping • Gardening • Plumbing • Painting Going Green! Solar • Composting • Horticulture • Rainwater Collection	

<p>Freedom Riders: Are you ready to share your pride in our veterans? At Horses Help, we have a specially designed program to serve our veterans who would benefit from therapeutic riding and just some general fun and socializing with their peer group and you!</p>	Yes []
Sidewalking • Coaching • Public Speaking • Organizational Skills	

<p>Special Olympics: All Volunteers working at Horses Help must complete the online application for Special Olympics Arizona and the Protective Behaviors online course.</p> <ol style="list-style-type: none"> 1. Application Link www.soaz.org 2. General Sessions Link http://soaz.highlandweb.com/gsc/main.asp 3. ProtectiveBehaviorsLink http://www.specialolympics.org/protective_behaviors.aspx 	Yes []
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<p>Annual Fundraising Information: Horses Help is a non profit 501 (c) (3) organization and is supported through the generosity of people just like you. To continue to see Horses Help flourish, we count on our volunteers to spread the word of our good works and help in our fundraising efforts annually. Many Volunteers give directly to Horses Help financially and many volunteers locate goods and services</p>	Yes []
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Horses Help Volunteer Application Form (cont'd)

essential for our continued growth.

First time Volunteers at Horses Help are asked to contribute \$10.00 to cover administrative costs and training.



Horses Help Volunteer Application Form (cont'd)

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.

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

RIDERS: I represent that I am physically able to undertake riding activities and have presented a Physicians' Medical Statement indicating approval of my participation and I do so at my own risk.

INITIALS: _____

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 Rider or Volunteer

Signature of Parent/Guardian (if necessary)



**Horses Help
Volunteer Application Form
(cont'd)**

HORSES HELP PHOTO RELEASE

I hereby consent to and authorize the use and reproduction by HORSES HELP 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, and exhibitions or for any other use for the benefit of the program.

Signature of Rider, Volunteer

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

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 Rider, Volunteer

Parent or Guardian (if rider or 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, Rider, or Parent/Guardian

Date



**Horses Help
Volunteer Application Form
(cont'd)**

**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 Volunteer Application Form (cont'd)

HORSE HANDLING APPLICATION

Name: _____ Phone: _____ Date: _____

Email: _____ Student _____ or Adult _____

To be completed by people with novice to advanced horse handling experienced only

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 into 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.

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

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? _____

Have you shown horses? Yes _____ No _____

If yes, what classes? _____

If you have had no professional training, what type of experience/training have you had?

Have you ever worked as an equine professional? Yes _____ No _____

If Yes please give details:

What tasks are you comfortable performing?

____ Leading during a class _____ Horse exercising/riding _____ Grooming and tacking
____ Ground work/lunging _____ General horse care (feeding, health treatments)

Are you available for training on Mondays and Wednesdays? Yes _____ No _____ what days and times work for you?

FOR HORSES HELP USE ONLY:

____ Horse Prep _____ Evaluate _____ Advanced Training