



Hoof n HOPE

VOLUNTEER FORM

Reason for volunteering:

Personal fulfillment _____ School requirement _____ Court required community service _____

How did you hear of Hoof n HOPE? Friend Relative Newspaper Flyer other

NAME _____

PHONE _____ CELL: _____ EMAIL _____

ADDRESS _____

PARENT GUARDIAN NAME _____ PHONE _____

MOST RECENT EMPLOYMENT/SCHOOL: _____

Occupation: _____

1. Please tell us your experience with:

* Horses: _____

* Individuals with disabilities: _____

2. Your volunteer interests: _____

A. Lesson Program Volunteer.

I am interested in volunteering for the riding program in the following way(s):

_____ Side-Walking Riders _____ Horse Leading (must have horse experience) _____ Other

B. Office Volunteer

_____ Data Entry _____ General Office Support _____ Mailings



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while engaging in horse related activities with Hoof n HOPE I authorize Hoof n HOPE to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

NAME _____ DATE OF BIRTH ___/___/___

PHONE _____

ADDRESS _____

In Case of Emergency Contact: _____

Emergency Contact Phone: _____

Physicians Name: _____ Address: _____

Physicians Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____

Health Insurance Policy# _____

Current Medications: _____

Please indicate all allergies: _____

Please indicate any disability, limitations, medications, or medical conditions that may affect your volunteer role, riding or working around horses, with reasonable accommodations that we should be aware of:

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached).

I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any other treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency.*

Consent Signature _____ Date: _____

Client, Parent, Legal Guardian (Signed in the presence of program personnel)

Signature _____ Date: _____

If volunteer is under 18 years of age, both parents & volunteer signatures are required



Hoof n HOPE

NON-CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached). 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature _____ Date: _____
Client, Parent, Legal Guardian (Signed in the presence of program personnel)

REFERENCES AND BACKGROUND CHECK INFORMATION

Reference Name _____ Phone _____
(non-relative)

Volunteers 18 years and older please complete this portion.

Please attach a copy of your driver's license or other photo ID: _____

If not submitted please indicate reason: _____

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors? _____yes _____no If yes, when? _____

Please explain nature of offense _____

I understand that Hoof n HOPE may perform background checks on all and new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act and serve a volunteer at Hoof n HOPE.

Signature _____ Date _____



Hoof n HOPE

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

PHOTO AND PUBLICITY RELEASE:

___ I hereby consent to and authorize the following: ___ I do not consent to, nor do I authorize

Hoof n HOPE may use my (my child's) photograph or image in its print, online and video publications; 2) release Hoof n HOPE, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) I waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me (my child)

Signature _____ Date: _____

VOLUNTEER LIABILITY RELEASE

I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to me are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Hoof n HOPE, its Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as an Hoof n HOPE volunteer from whatever cause including, but not limited to, the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Registration & Release form in its entirety; that he/she understands the terms of this releaser and has signed this release voluntarily and with full knowledge of the effects thereof.

Signature _____ Date: _____

Signature _____ Date: _____

If volunteer is under 18 years of age, both parents & volunteer signatures are required



CONFIDENTIALITY POLICY

At Hoof n HOPE we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, email, etc., as well as the nonpublic business records of Hoof n HOPE. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Hoof n HOPE staff. Volunteers must seek staff permission before taking any pictures or videos.

**I have read and understand the Hoof n HOPE Confidentiality Policy
And agree to abide by the same.**

Signature _____ Date: _____

Signature _____ Date: _____

If volunteer is under 18 years of age, both parents & volunteer signatures are required