



P.O. Box 278,
Sharon, Vermont 05065
www.highhorses.org

Volunteer Application

This Form Must Be Updated Annually **Date:** _____

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Email _____ (please print clearly)

Other Phone _____ School or Place of Employment _____

I prefer: to be contacted by phone _____ email _____ **AND to receive mail outs by: mail _____ email _____**

Driver's License Number _____ State _____

Have you ever been convicted of a criminal offense? No _____ Yes _____ If yes, when? _____

Where? _____ Please explain: _____

The above information may be verified and I give my permission for inquiry to be made as to my suitability to act as a volunteer for High Horses.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
(If volunteer is under 18)

Liability Release: I would like to participate in the High Horses Therapeutic Riding Program. I acknowledge the inherent risk and potential for risks of equine activities. **Warning:** Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary, Pursuant to 12 V.S.A. 1039 – added 1995, No. 136 (ADJ. Sess.), 2. The term "Equine Activity Sponsors" includes High Horses Therapeutic Riding Program, their Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or all Employees.

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
(If volunteer is under 18)

Photo Release: _____ I consent to and authorize _____ I **do not** consent to nor do I authorize the use and reproduction by High Horses Therapeutic Riding Program of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities exhibitions, or for any other use for the benefit of the program.

Acknowledgement of Confidentiality Policy: High Horses Therapeutic Riding Program shall preserve the right of confidentiality for all individuals in its program. Anyone who works or volunteers for, or provides services to, High Horses Therapeutic Riding Program shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any confidential information can only be used for a specific identified purpose when written authorization is given by a participant, family member or legal guardian. I understand that I will be accountable for the protection of our riders' privacy. Violation of the right to confidentiality will constitute grounds for termination of employment or involvement with High Horses Therapeutic Riding Program.

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

SIGNATURE: _____ **DATE:** _____

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
(BOTH signatures are required if volunteer is under 16 years of age)



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 **High Horses Therapeutic Riding Program** 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: _____ Today's Date: _____

Home Phone: _____ DOB : _____

In case of Emergency, contact: _____ Relationship: _____

Primary Phone : _____ Other Phone: _____

Physician's Name: _____ Phone : _____

Preferred Medical Facility : _____

Health Insurance Carrier : _____ Policy # _____

Medical conditions, medications or allergies we should know about: _____

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 treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of High Horses.

CONSENT SIGNATURE: _____ **DATE:** _____

CONSENT SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
(If volunteer is under 18)

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while on the property of High Horses. In the event emergency treatment/aid is required, I wish the following procedure(s) to take place: _____

NON-CONSENT SIGNATURE: _____ **DATE:** _____

NON-CONSENT SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
(If volunteer is under 18)

Volunteer Interests

Name _____ Date of Birth _____ Today's Date _____

Home Phone _____ Other Phone _____

Email _____ (please write very clearly)

Please check one: It is easiest to reach me by Home Phone _____, or Other Phone _____, or email _____.

General Information

Please describe any health or other concerns that you feel would modify your role in the ring. For example, if you are unable to run for too long, or cannot fully support a more physically challenged rider, etc. _____

New Volunteer:

I have experience with horses: _____

I have experience with people with disabilities: _____

Returning Volunteer:

I have been trained by High Horses to: Sidewalk _____ Horse Lead _____

Other _____

I prefer to be scheduled as a: Sidewalker _____ Horse Leader _____ Any position _____

Other _____

Please notify me for the following trainings: Sidewalker _____ Advanced Sidewalker _____
New Leader _____ Advanced Leader _____ Other (Suggestions, too!): _____

I also want to learn about other ways to participate at High Horses:

On-site: _____ Horse Exercise Program _____ Site Improvement _____ Tack Cleaning
_____ Transporting Horses

Committees: _____ Volunteer Support Committee _____ Horse Committee _____ Fund Raising Committee

Special Events: _____ Hoofin' It _____ Horse Show _____ Special Olympics

Program Maintenance: _____ Newsletter _____ Web Site _____ Grant Writing _____ Publicity

Other (please explain): _____