



The Gifted Horse, Inc.

Volunteer Application 2019

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Parent/Legal Guardian (if a minor): _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Volunteer (or Parent/Legal Guardian) Employer: _____

Business Phone & Hours: _____

My volunteer interests are (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Horse Handler | <input type="checkbox"/> Side Walker | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Barn Duties | <input type="checkbox"/> Photo/Video Taping | <input type="checkbox"/> Facility Caretaker |
| <input type="checkbox"/> Stall Cleaner | <input type="checkbox"/> Mailings | <input type="checkbox"/> Weekend Retreats |
| <input type="checkbox"/> Horse Training Team | <input type="checkbox"/> Administrative Tasks | |
| <input type="checkbox"/> Volunteer Training Team | <input type="checkbox"/> Special Events | |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Arts and Crafts | |



The Gifted Horse, Inc.

Please list any other information about yourself which you feel could be useful to the program.

Skills and Interests:

1. Previous volunteer experience:

2. Hobbies and interests:

3. Educational background:

4. Equine background:

5. Experience with:

a. Horse Care

b. Sign Language

c. Spanish-Speaking

d. Computer Skills

e. Other: _____

6. Do you have experience working with a specific disability?

If yes, please describe: _____



The Gifted Horse, Inc.

Availability:

Please indicate ALL the times you are willing to volunteer by checking the appropriate boxes.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Moring (8a-11a)							
Afternoon (11a-4p)							
Evening (4p-6p)							

Background Verification:

1. Have you ever been convicted of a criminal offense? Yes No
2. Have you ever been charged with neglect, abuse, or assault? Yes No

Liability Statement: *(Please initial)*

_____ I will not hold The Gifted Horse, Inc. (TGH) liable for any accident or injury incurred while participating in TGH sessions or related activities, nor will TGH, its staff, board of directors, owners of the horses, or owners of the premises be liable for same.

Photo/Video Release: *(Please initial)*

Consent _____ NON-consent _____ I hereby grant TGH permission to use any and all photographs, slides, and any other audiovisual materials in which I may appear for the express purpose of promoting TGH programs and do not expect, nor shall I receive any monetary reimbursement for this authorization.

Physical Requirements: *(Please initial)*

_____ I realize that many of the volunteer tasks/duties at TGH require me to be in good health, physically active, and mentally alert and focused for the multiple hour sessions. I also acknowledge I must be able to walk briskly, occasionally trot, and be able tolerate times when there may be severe weather and dust.

I, _____, have read and understand the contents of this document. The information provided by me is complete, true, and accurate to the best of my knowledge.

Signature: _____

Date: _____

Relation to volunteer if a minor: _____



The Gifted Horse, Inc.

Emergency Contact Information

Participant Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Height: _____ Weight: _____

Emergency Contact 1: _____ Phone: _____

Relation to Rider: _____

Emergency Contact 2: _____ Phone: _____

Relation to Rider: _____

Medical History

Medications: _____

Allergies (medications, insect bites, etc.): _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Please address fitness, cardiac, respiratory, bone, or joint function, and recent hospitalizations and/or surgeries and lifestyle changes:



The Gifted Horse, Inc.

Authorization for Emergency Medical Treatment Form Consent Plan

In the event of an emergency in which medical aid/treatment is required due to the illness or injury during the process of receiving services, or while being on The Gifted Horse's premises, I authorize The Gifted Horse 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 treatment.

This authorization includes radiological services, surgery, hospitalization, pharmaceutical, and any other treatment deemed "life-saving" by medical staff. This provision will only be invoked if the participant's emergency contact is unable to be contacted or in a state of emergency.

Consenting Signature: _____ Date: _____

Relation to Volunteer: _____

OR

NON-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services, or while being on The Gifted Horse's premises.

Instead:

1. In the case of a minor the parent/legal guardian will always remain on site during equine-assisted activities.
2. In the event in which emergency or medical aid/treatment is required, I wish the following procedure to take place:

NON-Consenting Signature: _____ Date: _____

Relation to Volunteer: _____



The Gifted Horse, Inc.

Insurance Waiver and Release of Liability

In consideration of being allowed to participate in any way in The Gifted Horse's programs, I and/or the minor participant, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent/legal guardian, I will instruct the minor participant to inspect the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise The Gifted Horse of such condition(s) and refuse to participant until it is safe.
2. Acknowledge and fully understand that I, and/or the minor participant, will be engaging in equine-related activities, both mounted and non-mounted, which involve risk of serious injury, including permanent disability and death, and severe social and emotional losses which might result only from my own actions, inactions of negligence of others, the rules of play, or the conditions of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge, and covenant not to sue The Gifted Horse, their representative administrators, directors, paid and volunteer staff, independent contractors, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owner and leasers of premises used to conduct The Gifted Horse, all of which hereinafter referred to release from demands, losses or damages to property, caused or alleged to be caused in whole or part by negligence of the releases or otherwise.

Consenting Signature: _____ Date: _____

Relation to Rider: _____

2nd Parent/Legal Guardian Consenting Signature (if applicable):

_____ Date: _____

Relation to Rider: _____



The Gifted Horse, Inc.

TGH POLICY OF CONFIDENTIALITY DISCLOSURE OF MEDICAL AND/OR SENSITIVE INFORMATION

General Principles:

TGH shall preserve the right of confidentiality for **ALL** individuals who participate in its programs.

Procedure:

All medical, social, referral, personal, and financial information of confidentiality regarding a person and their family shall be kept confidential.

Anyone who works/volunteers for, or provides services for, TGH shall be bound by this policy. This policy includes, but is not limited to, full- and part-time staff, volunteers, independent contractors, temporary employees and board members.

Disclosure of information to outside agencies or individuals shall be done only with the specific written consent of the participant. If a participant is considered a minor and/or not competent to give consent for disclosure, then a parent/legal guardian must give informed consent. Intra-agency disclosure of medical and/or sensitive information shall be on an as needed basis only. Disclosure of specific information regarding a participant's disability is at the sole discretion of the PATH Intl. Certified Instructor and requires informed consent of the participant or parent/legal guardian.

The program director and the director of volunteer services shall ensure that all staff, volunteers, and board members receive a copy of the confidentiality policy. All staff, volunteers, and board members shall sign the confidentiality statement below pledging to protect the confidentiality of all information regarding individuals who participate in TGH programs.

Penalties:

Violations of this policy which result in a breach of confidentiality may result in reprimand, loss of certain job responsibilities, or termination. The program director shall be responsible for reviewing any violation of this policy.

Confidentiality Statement

I, _____ have read and understand the above policy of confidentiality for the Gifted Horse, Inc. A copy of this policy has been made available to me. I agree to observe and follow all the procedures contained therein.

Signature: _____ Date: _____

Relation to Volunteer: _____