



VOLUNTEER APPLICATION FORM

5870 W 10400 N
Highland, UT 84003
801.756.8900

Name _____ Date of Birth ___/___/___ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____ Email* _____

*Please include an email address if at all possible. We like to be able to post scheduling needs, barn updates and events without having to bother you on the phone.

LIABILITY RELEASE I acknowledge the risks and potential risks of horseback riding and working with horses. 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 heir and assign, executors or administrators, waive and release forever all claims for damages against COURAGE REINS, INC., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a COURAGE REINS volunteer.

DATE _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, **both** signatures are needed)

PHOTO RELEASE _____ I consent to and authorize or _____ I do not consent to nor authorize the use and reproduction by COURAGE REINS, INC., of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, exhibitions, video display or reproduction, our Web site, or for any use that might benefit the program.

DATE _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, **both** signatures are needed)

POLICY OF CONFIDENTIALITY Confidentiality is defined as "told in secret or private relations: trusted". Any information in regards to the participants (clients) at COURAGE REINS must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand COURAGE REINS' Policy of Confidentiality" and agree to abide by same.

DATE _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____

(If volunteer is under 18 years of age, **both** signatures are needed)

EXPERIENCE Please tell us of your experience with:

A) Horses: _____

B) Leading Horses and/or Sidewalking: _____

C) People with Disabilities: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while being on the property or in attendance to a COURAGE REINS off site activity, I authorize COURAGE REINS 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.

In case of emergency, contact: _____ Phone _____
Or _____ Phone _____

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-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician in the event of illness or injury while on the property or in attendance to a COURAGE REINS off site activity.

Date: _____ Consent Signature: _____
(Parent or Guardian, if volunteer is under 18 years of age)

NON-CONSENT I do not give consent for emergency medical treatment/aid in the event of illness or injury while on the property or in attendance to a COURAGE REINS off site activity. In the event emergency treatment/aid is required, I wish the following procedure(s) to take place:

Date: _____ Non-Consent Signature: _____
(Parent or Guardian, if volunteer is under 18 years of age)

Are there any pre-existing conditions which might limit your ability to perform duties requiring, but not limited to, an ability to be attentiveness to conditions which present a danger, a history of dizziness or seizures, heavy lifting, walking and/or running on uneven surfaces, extremes of heat and/or cold. Having certain problems doesn't disqualify you being a volunteer but we might place limitation on certain duties.
____ NO ____ YES, details please

GENERAL INFORMATION

Have you ever been convicted of a criminal offense? ____ YES ____ NO If yes, when? _____
Where? _____ Please Explain: _____

(having problems doesn't necessarily mean you are eliminated from consideration)

COMMUNITY SERVICE HOURS

Changes determined by our liability coverage no longer allow us to be a site for court ordered community service hours. The only exception would be to credit individuals already having served as a volunteer towards an obligation needed by a court.

BASIC SAFETY & THE CERTIFICATION PROGRAM

Safety is the first consideration. All decisions should be made thinking about safety first. If you ever, as a volunteer, are asked to do something and you feel uncomfortable, then please don't do it! Go back to the staff member making the assignment and tell them you don't feel comfortable. You will be given more senior people to help you or the assignment might be more appropriate for a paid staff member. We never want you in a dangerous situation or placed in position to handle something outside of your experience or training. It's very "OK" to say no to an assignment beyond your ability.

Anyone coming to the Center as a volunteer, regardless of prior horse experience, will be asked to participate in our Volunteer Certification Program. Before becoming involved in the riding or horse care aspects of the program you will need to be instructed how to do everything that is being asked of you. Then you will need to demonstrate your ability to perform each of the tasks or skills and be signed off by an Examiner. Be patient some of the skills will take time.

DATE _____ SIGNATURE _____

SIGNATURE OF PARENT/GUARDIAN _____
(If volunteer is under 18 years of age, **both** signatures are needed)