



IRON HORSE & IRON HORSE THERAPY Volunteer Application & Release Form

General Information—*please print clearly!*

Name: _____ Date of Birth: _____ Age: _____

Check One: Miss Ms Mrs Mr Height _____ Spouse/Partner _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (h): _____ Phone (w): _____ Phone (c): _____

Email: _____

Emergency Contact and Number: _____

Employer/School: _____ Occupation: _____

My employer gives time off for volunteering My employer matches cash donations

Parent/Legal Guardian Name: _____ Phone: _____
(for volunteers under 18 years of age)

Parent/Legal Guardian Address: _____

Reference Name(*non relative*): _____

Reason for Volunteering: Personal fulfillment School requirement Other: _____

How did you hear about us?: Friend Relative Volunteer Newspaper Flyer Other

If referred by a friend, relative, or other volunteer, who?: _____

Check areas in which you are interested

Program:	Networking	Administration:	Events:
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> Photography/video	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Side-walking with a student	<input type="checkbox"/> Volunteer recruitment	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Special Events
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Website/social media	<input type="checkbox"/> Newsletter	

Please tell us of your experience with:

Horses: _____

Individuals with disabilities: _____

Do you have a special skill, technical/professional experience that would be beneficial to our program?

If so, please explain: _____

Please indicate your volunteer availability:

<u>Weekday</u>	<u>Mornings(9am-12pm)</u>	<u>Afternoons(12-5pm)</u>	<u>Evenings(5-7pm)</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Health History

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

Allergies: _____

Recent medical tests: _____ Last Tetanus Shot: _____

Are you currently CPR & First Aid trained? _____ If so, date of certification: _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

(volunteer/legal guardian; signed in presence of center staff)

Authorization for Emergency Medical Treatment Form

Name: _____ Date of Birth: _____

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

Phone (h): _____ Phone (w): _____ Phone (c): _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Background Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone (h): _____

Have you ever been charged with or convicted of a crime? Yes No If yes, please explain:

I, _____, (volunteer/staff), understand and agree that Iron Horse/Iron Horse Therapy will rely on my representation regarding this information, and I warrant these representations to be truthful to the best of my knowledge.

I, _____, (volunteer/staff), authorize Iron Horse/Iron Horse Therapy at any time to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that Iron Horse/Iron Horse Therapy may or may not elect to receive such information, at their sole discretion, and any such election shall create no liability on the part of Iron Horse/Iron Horse Therapy to any third party.

I understand that such access is for the purpose of considering my application, an employee/volunteer, and I expressly DO NOT authorize this center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

**If volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required)*

Current Driver License: Yes No License Number: _____ State: _____

Photo & Publicity Release

I hereby consent and authorize

I hereby authorize Iron Horse/Iron Horse Therapy, to use my (my child's) photograph or image in its print, online and video publications.

I hereby release Iron Horse/Iron Horse Therapy, its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above described activities.

I waive any right to inspect, approve or receive compensation for any materials or communications, including but not limited to photographs, videotapes, dvds, website images, social media images or written materials, incorporating photos/images of me (my child).

Signature: _____ Date: _____

**If volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required)*

Confidentiality Agreement

At Iron Horse/Iron Horse Therapy, we place great importance on protecting the confidential information of our clients, staff, and volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, email, etc., as well as the non-public business records of Iron Horse/Iron Horse Therapy. In particular, medical information about clients, their disabilities or special needs, and their families must be protected as "Confidential Information." Volunteers or staff shall never disclose confidential information to anyone other than Iron Horse staff. Volunteers must seek permission before taking any pictures or videos. I understand that all information (written and verbal) about participants at Iron Horse/Iron Horse Therapy is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

I have read and understand Iron Horse/Iron Horse Therapy's Confidentiality Policy and agree to abide by same.

Signature: _____ Date: _____

**If volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required)*

Liability Release

I acknowledge the risks and potential for risks of horseback riding and working with horses, including grievous bodily harm. However, I feel that the possible benefits to myself 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 Iron Horse/Iron Horse Therapy, its instructors, riders, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating as an Iron Horse/Iron Horse Therapy 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 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. _____ Initial

Signature: _____ Date: _____

**If volunteer is under 18 years of age, both parent/legal guardian & volunteer signatures are required)*

In the event emergency medical aid/treatment is required, please sign either the organization's consent or non-consent plan for emergency medical treatment.

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or supporting program services, or while being on the property of the agency, I authorize Iron Horse/Iron Horse Therapy 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.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

**If volunteer is under 18 years of age, parent/legal guardian signatures are required)*

Non-Consent Plan

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 supporting program services, or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine-assisted activities.
- In the event emergency medical treatment/aid is required, I wish the following procedure to take place:

Non-Consent Signature: _____ Date: _____

**If volunteer is under 18 years of age, parent/legal guardian signatures are required)*