



**PLEASE COMPLETE AND RETURN
VOLUNTEER/STAFF * INFORMATION * HEALTH HISTORY *
EMERGENCY TREATMENT FORM
(Please print legibly)**

Name: _____ Date: _____

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

Primary Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Employer/School: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Emergency Contact: _____ Relation: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Print Name: _____ Address (if different from above): _____
(Parent/Guardian/Caregiver)

HEALTH HISTORY: Please describe your current health status, regarding the physical/emotional demands of working in an equine assisted program. Describe fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgery or lifestyle changes, or anything that might affect your performance here at The Riding Therapy Center.

Check here if healthy and there are no known concerns.

Allergies: _____

Medications: _____

Date of Last Tetanus Shot: _____ **Tuberculosis Test Results:** + or -

MEDICAL CONSENT PLAN:

I consent to emergency medical treatment/aid in the case of illness or injury while working or being on the property of agency, to include X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the Physician. (Volunteer/Parent/Guardian/Caregiver), I agree to defend, indemnify and hold harmless The Riding Therapy Center employees/volunteers/board members from any claims, costs or expenses for property damages, personal injuries or other damages arising out of my son/daughter's participation in these activities.

I grant permission for non-prescriptive medication (e.g. Tylenol, throat lozenges, Pepto-Bismol, etc.) and routine surgical medical care to be given to my son/daughter if deemed advisable by the supervising personnel. In case of an emergency, I grant permission to transport my child to the nearest hospital for emergency medical treatment and for an authorized adult sponsor to sign for treatment if I cannot be located.

Date: _____ **Consent Signature:** _____
(Volunteer, Parent/Guardian/Caregiver if under 18)

MEDICAL NON-CONSENT PLAN:

I do NOT give consent for emergency medical treatment/aid in the case of illness or injury while working or being on the property of the agency. In the event an emergency aid or treatment is required, I wish for the following procedures to take place: _____

Date: _____ **Non-Consent Signature:** _____
(Volunteer, Parent/Guardian/Caregiver if under 18)



I will be able to commit to a regular day and/or time Yes No Day(s): _____ Time(s): _____

In addition to my regular time, I may also be available to substitute when needed: Yes No

I cannot commit to a regular day and/or time right now, but will:

- attend when I am available would like to participate in special events serve as a substitute

How did you hear about our program? _____

Please list experience:

Horses: _____

Therapeutic Riding: _____

People with Disabilities: _____

I am certified in (please check all that apply): First Aid CPR

Interests: (Please refer to the attached information for descriptions of some of these jobs).

Check which areas you are interested in.

- | <u>Program:</u> | <u>Special Events:</u> | <u>Administration:</u> | |
|--|---|--|--|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Shows | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Side Walking | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget/Finance |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter/Mailings | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs/Maint. | <input type="checkbox"/> Assistance | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> General Office |

BACKGROUND INFORMATION:

Driver's License #: _____ State: _____

Has your driver's license ever been suspended or revoked in any state? Yes No

If yes, when? _____ Where? _____ Why? _____

I authorize The Riding Therapy Center to receive information from any law enforcement agency or any state or federal government agency, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state and federal criminal laws, including, but not limited to convictions for crimes committed against children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize The Riding Therapy Center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual group, agency, organization, or group. The information that I provided may be verified, and I give permission to The Riding Therapy Center to make inquiry of others concerning my suitability to act as a volunteer/staff.

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 the center's program.

Signature: _____
(Volunteer/Staff)

Date: _____

Signature: _____
(Parent/Guardian/Caregiver if under 18)

Date: _____



LIABILITY RELEASE (A14)

As a volunteer at The Riding Therapy Center, I understand the various hazards and risks that are associated with working with and around horses. I fully accept and acknowledge full responsibility for my personal safety. I hereby, intend to be legally bound for myself, my heirs and assigns, executors or administrators (“Releasing Parties”), waive and release forever all claims for injury or damages against The Riding Therapy Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees, Center owners and any heirs of above mentioned (“Releasing Parties”) for any and all claims or losses and/or injuries caused by the negligence of the released parties.

Signature: _____
(Volunteer/Staff)

Date: _____

Signature: _____
(Parent/Guardian/Caregiver if under 18)

Date: _____

PHOTO RELEASE (A15)

I, DO DO NOT consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me for printed or electronic promotional materials, educational activities, exhibitions or for any other use for The Riding Therapy Center.

Signature: _____
(Volunteer/Staff)

Date: _____

Signature: _____
(Parent/Guardian/Caregiver if under 18)

Date: _____

CONFIDENTIALITY AGREEMENT (A22)

All riders, participants, volunteers and personnel at The Riding Therapy Center are to be treated with the utmost dignity and respect. This includes all interactions, as well as acknowledgement of each person’s privacy. Do not give information concerning the diagnosis, treatment, or condition of any rider or participant to anyone. The status and all information concerning the riders/participants may only be discussed with the appropriate staff at The Riding Therapy Center. Do not divulge any confidential information concerning any participants, volunteers, and personnel.

By signing this document, I acknowledge the confidentiality policy of The Riding Therapy Center and by my signature, I am agreeing to comply with the confidentiality policy of all participants, volunteers and personnel.

Signature: _____
(Volunteer/Staff)

Date: _____

Signature: _____
(Parent/Guardian/Caregiver if under 18)

Date: _____

WARNING

Under Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is NOT liable for an injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

Initial: _____



DRESS STANDARDS

The following specifications for attire are not meant to be restrictive but rather as guidelines to facilitate a common standard for all the team whom volunteer and work at The Riding Therapy Center. In keeping with our Mission Statement, our attire will be respectful and modest, even when working in a stable atmosphere.

- ☛ The Riding Therapy Center shirt should be worn for therapy sessions. If the Riding Center shirt is not available:
 - No halter tops.
 - No bare midriffs.
 - No low cut necklines.
- ☛ All shorts must be at least fingertip length, while arm is at side.
- ☛ No “see-through” clothing.
- ☛ No open-toes shoes or sandals are allowed.
- ☛ No dangling jewelry.
- ☛ Excessive perfumes or other scents can be overwhelming for certain participants and can attract bees and other biting insects.

Initial: _____

CONDUCT OF PARTICIPANTS AND GUESTS

It is mandatory that everyone complies with all posted safety rules and abides by all posted off-limit area. The RTC is a no smoking facility and the use of drugs or alcohol on the property will not be tolerated. No mistreatment, abuse or suggested abuse of any person or animal will be tolerated. For the safety and respect of others, no weapons of any kind are permitted on the premises.

- ☛ Any interaction and direct contact with a horse will occur only with the permission and supervision of the Riding Instructor.
- ☛ Individuals participating in the program must conduct themselves in an appropriate manner at all times. Uncooperative, insubordinate or inappropriate behavior (including any type of harassment, aggressive or abusive behavior towards themselves, other persons or horses) may result in ineligibility and dismissal from the program. All guests will be expected to comply with all safety standards. Guests who do not behave properly will be directed to leave the premises. All such incidents will be recorded and if necessary, reported to law enforcement.
- ☛ No one will ride under the influence of any non-prescribed drug. All riders must follow all safety procedures or they will not ride.

Initial: _____

VOLUNTEER AGREEMENT

I have read and agree to The RTC’s guidelines and policies.

Signature: _____
(Participant or Parent/Guardian/Caregiver)

Date: _____