

Hope Ranch Therapeutic Riding Center, Inc.

3841 W. 69th Ave Manhattan, KS 66503 (785) 587-8180
A Non-Profit Corporation (501c3) Tax ID # 20-4837483



Date Entered _____
Training Date _____
Member Id Number _____

Volunteer Application

Volunteer Information

Name: _____

(Last Name)

(First Name)

(Middle Initial)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Birthdate: _____

Employer/School: _____

Employer/School Address: _____

City: _____ State: _____ Zip Code: _____

Driver's License Number: _____ State: _____ Exp. Date: _____

Do you have experience with horses? No/Yes

If yes, please describe:

Have you had any training or experience working with people with disabilities? No/Yes

If yes, please describe:

Do you have any physical limitations that should be considered when you volunteer?

No/Yes

If yes, please describe:

Can you walk for 45 minutes and jog short distances? No/Yes

Can you hold your arm above shoulder height and support a modest amount of weight? No/Yes

How did you hear about HRTRC?

Why do you wish to volunteer?

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Volunteer Interests

Horse Leader Side Walker Stable Assistant

Committee Member (interests) _____

Administrative Support (interests) _____

Volunteer Questionnaire

Are you currently using any drugs? No/Yes

If yes, please explain:

Have you ever been convicted of a criminal offense? No/Yes

If yes, please explain:

Have you ever been charged with neglect, abuse or assault? No/Yes

If yes, please explain:

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

If yes, please explain:

Have you ever had a background check/investigation? No/Yes

If yes, by whom: _____ and what date: _____

References

Please list two character references (non-family).

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

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Please list present/previous volunteer affiliations.

Agency/Organization: _____

Contact Name: _____

Contact Phone: _____

Agency/Organization: _____

Contact Name: _____

Contact Phone: _____

Emergency Information

Name: _____

Home Address: _____

Phone Number: _____ Alternate Number: _____

Physician's Name: _____ Physician's Phone: _____

Preferred Medical Facility: _____

Insurance Company: _____ Policy Number: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosages: _____

Underage Volunteer

(Complete this section if the volunteer is 17 years old or younger.)

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Photo Release

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by Hope Ranch Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

(Client, Parent, or Legal Guardian, signed in the presence of center staff)

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Affirmation

I understand that:

- 1) I authorize Hope Ranch Therapeutic Riding Center, Inc. to contact the listed references.
- 2) In the course of volunteering for HRTRC, I may be dealing with confidential information about HRTRC rider's medical information and I agree to keep said information in the strictest confidence.
- 3) The relationship between HRTRC and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or HRTRC.
- 4) I grant HRTRC permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of HRTRC.
- 5) I am responsible for informing HRTRC of ALL changes regarding information contained in this application.
- 6) In case of medical emergency, the undersigned authorizes HRTRC to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Signature: _____ Date: _____
(Volunteer or Parent/Guardian if the volunteer is 17 years old or younger.)

Liability Information

Name: _____
(Last Name) (First Name) (Middle Initial)

Hope Ranch Therapeutic Riding Center, Inc. (HRTRC), its Officers, employees and agents will not be responsible for any damages to person, animal or property at the HRTRC riding center or its grounds. Nor will they be responsible for any property that is lost or destroyed. The undersigned volunteer/rider/parent/guardian hereby releases HRTRC, its officers, employees from damages, injuries, claims and damages whatsoever (including costs, expenses and attorney fees) that might result from damages, injuries or losses to person or property during, or in connection with, or arising out of any show, clinic, event or function whether or not such damages, injuries or losses result in direct or indirectly the negligent act or omission of such released parties. **WARNING: UNDER KANSAS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.** In exchange for the use of property leased by HRTRC and other valuable consideration, I agree that my use of the premises and any animals, facilities or equipment owned or leased by HRTRC is at my own risk. I further agree to indemnify and hold harmless HRTRC their respective officers, employees and agents from any and all suites, actions or claims of any type arising from my use of premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise. I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its consent.

Sign _____ Date _____
(Adult volunteer/rider or Parent/Guardian of minor)