

Talisman Therapeutic Riding, Inc.  
PO Box 300, Grasonville, MD 21638  
443-239-9400 • www.TalismanTherapeuticRiding.org

**Volunteer Application** (Page 1 of 6)

**General Information Form - Please Print Clearly and Complete Fully**

\_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Nickname)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Please place a star next to the best phone number to use to contact you)

Age:  14-17  18-21  22-29  30-39  40-49  50-59  60+

Date of Birth: \_\_\_\_\_ (you must be 14 years or older to volunteer)

**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: \_\_\_\_\_

Volunteer's Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

How did you hear about TTR? \_\_\_\_\_

Why do you wish to volunteer?  Personal fulfillment  School requirement  
 Court required  Community service  Other \_\_\_\_\_

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: \_\_\_\_\_

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**Health Information Form**

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

Please further describe any medical conditions you may have regarding the physical and/or emotional demands of working in equine assisted activities where volunteer responsibilities may include walking for extended periods of time, jogging short distances, working in hot/humid/cold conditions throughout the year, working with clients who may have mild to severe mental and/or physical issues, and working with large animals.

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

**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: \_\_\_\_\_

\_\_\_\_\_

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**Photo/Video/Sound Release Form**

I consent to and authorize the use and reproduction by Talisman Therapeutic Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, internet, social media, or for any other use by the program.

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

**OR Non-Consent Photo Release**

I do not consent to and do not authorize the use and reproduction by Talisman Therapeutic Riding, Inc. of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, internet, social media, or for any other use by the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian if the volunteer is 17 years old or younger \_\_\_\_\_

**Affirmation**

I understand that:

- 1) In the course of volunteering for TTR, I may be dealing with confidential information about TTR rider's medical information and I agree to keep said information in the strictest confidence.
- 2) The relationship between TTR and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or TTR.
- 3) I grant TTR permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of TTR.
- 4) I am responsible for informing TTR of ALL changes regarding information contained in this application and for updating all paperwork annually.
- 5) In case of medical emergency, the undersigned authorizes TTR 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: \_\_\_\_\_

Signature of Parent/Guardian if the volunteer is 17 years old or younger: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Talisman Therapeutic Riding, Inc.

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***Volunteer Opportunities Form – Rain or Shine – We Need You!***

Your Volunteer Interests: please place a check in the box next to your interest.

● **Lesson Program Volunteer**

I am interested in volunteering for the riding program in the following way(s):

- Side Walking Riders     Horse Leading (horse experience preferred; additional training required for all interested)

● **Equine Program Volunteer**

- Horse Care, Grooming, Feeding, Cleaning Paddocks, Cleaning Tack, etc.

● **Facility/Farm Volunteer**

- General Maintenance and Repairs     Carpentry     Equipment Repair

● **Office Volunteer**

- Data Entry     Receptionist     General Office Support

● **Special Events Volunteer**

- Serve on Special Event Planning Committees     Provide Assistance on Event Day

● **Special Skills Volunteer.** If you have skills, technical or professional experience that may be beneficial to TTR we encourage you to share them with us.

- Photography     Videography     Construction     GrantWriting  
 Computers     Website/Graphic Design     Other \_\_\_\_\_

Please circle your Volunteer availability. Please indicate the days and time periods you are available to volunteer. Your actual volunteer schedule will be arranged with the Volunteer Coordinator following your Volunteer Orientation and Training session. Volunteers are encouraged to attend a minimum of 2 hours at the same time per week for an 8 week session.

How many days per week would you like to volunteer: \_\_\_\_\_

How many hours per day would you like to volunteer: \_\_\_\_\_

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list: \_\_\_\_\_

Monday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Tuesday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Wednesday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Thursday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Friday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Saturday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM
Sunday	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4PM-6PM or 7PM

- I understand that Talisman Therapeutic Riding, Inc. is a non-smoking farm.  
 I understand that dogs are not permitted on the farm unless they are assistive/adaptive dogs.

**Talisman Therapeutic Riding, Inc.**

Mailing: P.O. Box 300, Grasonville, MD 21638  
Farm: 300 Talisman Farm Circle, Grasonville, MD  
443-239-9400 • [www.TalismanTherapeuticRiding.org](http://www.TalismanTherapeuticRiding.org)  
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***Release of Liability Form***

Name of Volunteer \_\_\_\_\_  
Please Print Clearly

I recognize that horseback riding, assisting in riding lessons, caring for, and being in the near vicinity of horses are high risk activities. I hereby agree that my involvement in such activities and/or my presence on TTR premises is at my own risk.

I hereby release TTR, its officers, employees, volunteers and agents from any and all liability arising out of my participation in such activities and/or my presence on TTR premises (including costs and attorneys fees) regardless of whether or not liability is premised on negligent actions or omissions of such released parties or otherwise.

I hereby agree to indemnify and hold harmless TTR, its officers, employees, volunteers and agents from any and all suits, actions, claims of any type arising out of my involvement in such activities and/or my presence on TTR premises whether or not such suits, etc. are premised on negligent actions or omissions of such indemnified parties or otherwise.

I have read this agreement and fully understand its contents.

PLEASE SIGN HERE: \_\_\_\_\_

Parent/Guardian must sign if the volunteer is 17 years old or younger:

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**Authorization for Emergency Medical Treatment Form**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I am allergic to the following: \_\_\_\_\_

I am taking the current medications: \_\_\_\_\_

I have the following ongoing medical condition(s): \_\_\_\_\_

**In the event of an emergency, contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize the staff of Talisman Therapeutic Riding, Inc. 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.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if the volunteer is 17 years old or younger: \_\_\_\_\_

**OR 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 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 treatment/aid is required, I wish the following procedure to take place:

Continue on back

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature if the volunteer is 17 years old or younger: \_\_\_\_\_

Please return completed forms to: Volunteer Coordinator, TTR, PO Box 300, Grasonville, MD 21638