



# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC. (BREATHE)



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Have you volunteered here before? Y N Year started with BREATHE? \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Your Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Employer \_\_\_\_\_

**IF UNDER 18 YEARS OF AGE, COMPLETE THE FOLLOWING:**

Name of School \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent or Guardian's Employer \_\_\_\_\_

Other Responsible Person \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_ Cell \_\_\_\_\_

**How did you learn about BREATHE? (Circle one)**

Newspaper    Radio/TV    Poster    Friend    Facebook    Another Volunteer

Relative of a Rider    Volunteer Assignment-School or Work    Web Search    Other: \_\_\_\_\_

**Check those areas in which you may have experience or an interest:**

Experience	Interest	Experience	Interest
<input type="checkbox"/>	<input type="checkbox"/> Side Walker	<input type="checkbox"/>	<input type="checkbox"/> Craft Work
<input type="checkbox"/>	<input type="checkbox"/> Horse Handling	<input type="checkbox"/>	<input type="checkbox"/> Assist with Craft/Food Booths
<input type="checkbox"/>	<input type="checkbox"/> Unload Hay	<input type="checkbox"/>	<input type="checkbox"/> Prepare Food for Special Events
<input type="checkbox"/>	<input type="checkbox"/> Cleaning Stalls and Pastures	<input type="checkbox"/>	<input type="checkbox"/> Photography/Video
<input type="checkbox"/>	<input type="checkbox"/> Tack Cleaning	<input type="checkbox"/>	<input type="checkbox"/> Videography
<input type="checkbox"/>	<input type="checkbox"/> Facility Maintenance	<input type="checkbox"/>	<input type="checkbox"/> Grant Writing
<input type="checkbox"/>	<input type="checkbox"/> Gardening	<input type="checkbox"/>	<input type="checkbox"/> Board of Directors
<input type="checkbox"/>	<input type="checkbox"/> Training or Mentoring	<input type="checkbox"/>	<input type="checkbox"/> Fund-Raising Committees
<input type="checkbox"/>	<input type="checkbox"/> Newsletter	<input type="checkbox"/>	<input type="checkbox"/> Website Maintenance
<input type="checkbox"/>	<input type="checkbox"/> Volunteer Committee	<input type="checkbox"/>	<input type="checkbox"/> Event Committee

It is not necessary for volunteers to have previous experience with horses. If you do have experience, please tell us about it: \_\_\_\_\_

Other talents you would like to share with BREATHE: \_\_\_\_\_

**Health History (the information provided below will remain confidential)**

-Recent Medical Tests\* (OPTIONAL): Last Tetanus Shot Date: \_\_\_\_\_ Tuberculosis Test + - Date \_\_\_\_\_  
\*Recommended, not required. You may consult your physician or local health department if you are not up to date with these shots or tests.

-Are you now, or have you been, under the care of a physician, licensed therapist, or counselor for any physical, behavioral, learning, or psychiatric conditions or challenges? \_\_\_\_\_  
- If you answered yes above, please explain: \_\_\_\_\_

-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 or surgeries, or lifestyle changes. \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I/ my child should not participate in the BREATHE, Inc. program.

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

Have you ever been charged with or convicted of a crime? No Yes Please explain: \_\_\_\_\_

I, \_\_\_\_\_, authorize BREATHE Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, 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 expressly DO NOT authorize BREATHE Inc. center, its directors, officers, employees, or others volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Must be signature of Parent or Guardian if under 18)

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC.

**LIABILITY, PHOTO, MEDICAL CONSENT RELEASE**  
**NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS and STAFF**  
**PARENT/GUARDIAN SIGNATURE FOR ANY PARTICIPANT UNDERAGE OF 18**

## LIABILITY RELEASE

I/ my child/ my ward would like to participate in the Baraboo River Equine-Assisted Therapies, Inc. (BREATHE) Program as a rider, volunteer, or staff person. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs, assigns, executors or administrators, waive and release forever all claims for damages against Baraboo River Equine-Assisted Therapies, Inc., its Board of Directors, instructors, therapists, aides, volunteers, horse owners and/or employees for any and all injuries and/or losses that I/ my child/ my ward may sustain while traveling to or from, or participating in any BREATHE activities.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Wisconsin State Statutes Sec. 95.481

*Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.*

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## PHOTO RELEASE

I  DO  DO NOT consent to and authorize the use and reproduction by Baraboo River Equine-Assisted Therapies, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or another use for the benefit of the program.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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 any other use for benefit of the agency.

I authorize Baraboo River Equine-Assisted Therapies, 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 emergency medical treatment.

This authorization includes x-ray, 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 \_\_\_\_\_

**OR:**

## MEDICAL TREATMENT 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:

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_



# BARABOO RIVER EQUINE-ASSISTED THERAPIES, INC.



## NEEDS TO BE COMPLETED FOR ALL VOLUNTEERS AND STAFF

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the Baraboo River Equine-Assisted Therapies, Inc. (BREATHE) Mission Statement, I acknowledge the expectations required of all BREATHE volunteers and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from BREATHE.

- Safety is the top priority whether grooming and/or tacking the horses, side walking, or handling the horses in or outside of class time.
- Listen to and obey the instructor.
- Follow the posted barn rules which include, but are not limited to:
  - No smoking.
  - No running or yelling.
  - No “horse play”.
  - No hand feeding the horses.
- Follow Dress Code for personal safety and professionalism.
- Be courteous and work as a team member. This includes:
  - Speaking positively about BREATHE personnel, volunteers, and participants.
  - Understanding the role of Side Walker vs. Horse Handler.
  - Asking questions when not fully understanding what is needed.
  - Arriving in punctual manner.
  - Contacting an appropriate substitute when a conflict arises that would cause unavailability.

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

### Volunteer and Staff Confidentiality Statement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the riders, their families, and to each other.

I am fully aware Baraboo River Equine-Assisted Therapies, Inc. serves children and adults who are challenged with various disabilities, including but not limited to, mental and physical disabilities, mental illness, dependency issues, depression, anxiety and more.

Information about a participant’s condition, care treatment, personal affairs and records is confidential. Such may not be discussed with anyone including physicians, therapists, employees, or volunteers who are responsible for the participant’s care, unless the participant, their parent or guardian has authorized release of information, or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of student information may result in immediate dismissal.

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

### Honesty Acknowledgment Statement

I understand that this is an application for, and not a commitment of promise, of a volunteer opportunity. I certify that I have, and will provide information, throughout the selection process, on this volunteer application and in an interview with Baraboo River Equine-Assisted Therapies, Inc., personnel that is true, correct, and complete to the best of my knowledge. I certify that I will answer all questions to the best of my ability and that I have not, and will not, withhold any information that will unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for immediate rejection of my application for a volunteer position with Baraboo River Equine-Assisted Therapies, Inc., or termination as a volunteer.

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

2017

**Baraboo River Equine-Assisted Therapies, Inc. (BREATHE), P.O. Box 101, Baraboo, WI 53913**

Updated: Jan 2023