



## SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

333148 Highway K-22 – Sioux City, Iowa 51108 – P: 712-239-5042 – F: 712-224-3471 – www.scstars.org

### Volunteer Application Form

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_ Other Languages \_\_\_\_\_

Best way to contact you: Home # \_\_\_ Cell # \_\_\_ E-Mail \_\_\_ Text \_\_\_

Best time of day to contact you: AM \_\_\_ PM \_\_\_ Weekends \_\_\_ Other \_\_\_\_\_

Parent/Guardian Name (if under 18) \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

Employer or, if student, name of school \_\_\_\_\_ City \_\_\_\_\_

Please list any other current volunteer placements \_\_\_\_\_

How did you learn about STARS, Inc.? \_\_\_\_\_

List any previous training and/or practical experience you have had that would help you fill this position (especially pertaining to persons with disabilities). \_\_\_\_\_

Do you know anyone else who would be interested in volunteering with our program? \_\_\_\_\_

Please list two character references from people you've known for two or more years.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All volunteers having direct contact with horses on STARS property or a STARS sponsored activity must be at least 14 years of age. STARS will provide you with instruction and guidance throughout the entire process to help you become a successful volunteer. You need not have any horse experience to qualify. If we offer a tip, it is *never* meant as criticism, it is purely a safety issue, or to assist you in improving your skills. Please ask questions, or offer suggestions. STARS is always looking for ways to improve and wants everyone to have a good experience. Join us in helping STARS shine!

To provide the safest environment possible for our clients, STARS, Inc. is required to have a file on all employees and volunteers working directly with clients. To ensure the quality of our program, STARS reserves the right to request random criminal background checks on any volunteer and/or employee.

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

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If under 18 yrs., Parent/Guardian must sign)



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### Volunteer Preferences and Interests

Special Troopers Adaptive Riding School wants to make sure your placement is the most rewarding and appropriate it can be! We challenge each and every person involved with STARS to excel. Safety is our priority. Other goals include improving quality of life, promoting physical, cognitive and emotional well-being and teamwork. We want you to build friendships and to have a lot of fun, so that you, too, are an integral part of the STARS team!

**I am available:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Monday daytime    | <input type="checkbox"/> Monday evenings    | <input type="checkbox"/> Willing to substitute. Please list days and times available: _____<br>_____<br>_____ |
| <input type="checkbox"/> Tuesday daytime   | <input type="checkbox"/> Tuesday evenings   |   |
| <input type="checkbox"/> Wednesday daytime | <input type="checkbox"/> Wednesday evenings |   |
| <input type="checkbox"/> Thursday daytime  | <input type="checkbox"/> Thursday evenings  |   |
| <input type="checkbox"/> Saturday daytime  |   |   |

**I would like to help in other areas at STARS! Please check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Annual Fall Festival: Barn Fest | <input type="checkbox"/> Annual Spring fundraiser: Denim & Dreams |
| <input type="checkbox"/> Special events preparation      | <input type="checkbox"/> Photography/video                        |
| <input type="checkbox"/> Grounds maintenance             | <input type="checkbox"/> Gardening                                |
| <input type="checkbox"/> Horse Camp                      | <input type="checkbox"/> Annual Horse Show                        |
| <input type="checkbox"/> Other skills: _____             |   |

### Equine Volunteer Questionnaire

1. What is your most recent experience with horses?

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> riding   | <input type="checkbox"/> I own and care for horses.        |
| <input type="checkbox"/> grooming | <input type="checkbox"/> I have frequent access to horses. |
| <input type="checkbox"/> petting  | <input type="checkbox"/> I'm excited to meet a horse.      |
| <input type="checkbox"/> tacking  | <input type="checkbox"/> Other _____                       |

2. Have you ever been involved with a therapeutic riding program before? If so, please list location of program and duties performed.

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



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### Volunteer's Emergency Medical Information Form

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 STARS, Inc. to secure and retain medical treatment and transportation if needed.

Volunteer's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Person to contact in case of emergency: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosage: (A) None \_\_\_\_\_ (B) Please describe \_\_\_\_\_

#### Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any other treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person listed above is unable to be reached.

**➡** **Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Volunteer, if under 18, Parent/Guardian)

**Print Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

#### 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 rendering services or while being on the property of STARS, Inc. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

**Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Volunteer, if under 18, Parent/Guardian)

**Print Name** \_\_\_\_\_ **Phone** \_\_\_\_\_



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### Volunteer Photo & Liability Releases

#### Volunteer Photo Release

The undersigned hereby grants to the Special Troopers Adaptive Riding School, Inc. (STARS) permission to take or have taken still and moving photos, videotape, digital photographs, films, television images, and images taken or made by any and other manner or method of our/my (self-daughter-son-ward), \_\_\_\_\_, and consents and authorizes STARS, its advertising agencies, news media, and any other persons interested in STARS, to use and reproduce the photos, films, pictures and images and circulate and publicize the same by any and all means without limitation; including but not limited to the following: newspapers, television, media, brochures, pamphlets, instructional material, books, web site, and clinical material.

No inducements or promises of any kind have been made to us/me to secure our/my signature(s) to this release other than the intention of STARS to use or cause to be used such photographs, films, pictures or images for the primary purpose of promoting and aiding STARS and its work.

➡ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
*(If under 18, Parent/Guardian must sign)*

To: Volunteers and Riders (if under 18 yr., Parent or Guardian)  
From: STARS, Inc.  
Date: January 2016

Iowa passed a law effective July 1, 1997, regarding liability of providers of activities involving domesticated animals. Please read the following statements. You are provided two copies, one for our records (that you will need to sign as verification for having received the notice) and one for your own records.

#### **IOWA CODE CHAPTER 673 WARNING**

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting.

The domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement; loud noise; an unfamiliar environment; or the introduction of unfamiliar persons, animals, or objects.

The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

I have read and understand the above statements. I have also received a copy of the statements for my own records.

➡ **Volunteer, Parent, or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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\_\_\_\_\_  
Volunteer, Parent, or Guardian

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

**VOLUNTEER COPY - RETAIN FOR YOUR RECORDS**