



# Horse Heritage Educational Program

## Volunteer/Staff Information

### GENERAL INFORMATION

Name		DOB	Age
Address		Phone	
City, State, Zip		Alternate Phone	
Employer / School		Email	
Would you like reminder notifications by: <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Both	Is this for school/internship/community service? <input type="checkbox"/> Yes	Are you a Veteran? <input type="checkbox"/> Yes	
How did you hear about Horse Heritage?			
Any physical limitations you may have:			

### VOLUNTEER JOBS AND AREAS OF INTEREST

Volunteering is a tremendously self-rewarding adventure. At Horse Heritage, you can choose from many jobs and activities. All of these are designed to help support our programs. Whatever your talents or interests, we can put them to good use at Horse Heritage! Please check the box for the activities you wish to participate in.

<b>ADMINISTRATIVE &amp; MARKETING</b> <input type="checkbox"/> Yes Data entry, drafting correspondence, meeting notes, phoning, accounting, filing	<b>FUNDRAISING</b> <input type="checkbox"/> Yes Help planning, running and attending our fund raising events: (poker ride and road apple drop). Bring fresh ideas and energy to our fund raising team.
<b>PROMOTIONS</b> <input type="checkbox"/> Yes Maintain website and Facebook account, create newsletters, write articles for local papers, attend community meetings and events in an outreach capacity	<b>BARN BUDDY</b> <input type="checkbox"/> Yes <i>No horse experience required!</i> Come out and enjoy giving love and care to our herd. Groom and accompany them on daily walks. Beautify and work with the horses on the ground
<b>BOARD MEMBER</b> <input type="checkbox"/> Yes Provide support by attending quarterly board meetings, participate in fundraising activities, reach out to others to share your passion, set goals and direction for Horse Heritage	<b>SCHOOLING TEAM</b> <input type="checkbox"/> Yes Help with the mental well-being of our horses by providing some schooling and relaxation to them.
<b>CLASS VOLUNTEER</b> <input type="checkbox"/> Yes Provide physical, emotional and verbal support to the riders as a sidewalker. Horse leaders need to groom, tack up and warm up the horses before a lesson, then provide directional support during the lesson.	<b>SPECIAL EVENTS</b> <input type="checkbox"/> Yes Help plan any demonstrations or presentations, provide new exciting ideas for our open house, visit a nursing home or school with our miniature horses.
<b>GRANT WRITING</b> <input type="checkbox"/> Yes Research, grant writing and recordkeeping of grants received	<b>PHOTOGRAPHY</b> <input type="checkbox"/> Yes Take pictures, create and maintain a scrapbook, create storyboards, take video, create slide-shows



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Your answers to the following questions will help us to place you in an appropriate class, recognize the potential match for additional volunteer activities, and identify possible supplemental training opportunities. Thank you for your time!

What is your height? \_\_\_\_\_ T-Shirt size (adult): S M L XL XXL

- Yes Have you had CPR/First Aid Training? If yes, when? \_\_\_\_\_
- Yes Do you speak a language other than English? If yes, which language(s)? \_\_\_\_\_
- Yes Do you know American Sign Language?
- Yes Have you worked with people with disabilities before? If yes, please explain \_\_\_\_\_

Please describe why you would like to volunteer at Horse Heritage, including what you hope to get out of your experience as a volunteer.

- Yes Can you lift up to 20 pounds above your head?
- Yes Can you walk briskly for an hour on uneven surfaces?
- Yes Are you comfortable jogging beside a horse for a short distance?
- Yes Can you hold your arm raised and out to the side for up to an hour at a time (given the chance to change sides)?
- Yes Do you have any allergies (horses, hay, pollen, bees, etc.)?

HORSINESS (NOTE: Horsiness is NOT a requirement for volunteering!)

- Yes Have you ever owned or leased a horse?
- Yes Do you have any fears dealing with horses?
- Yes Do you have experience with therapeutic horseback riding? If yes, in what capacity, where and for how long? \_\_\_\_\_

- Volunteers ***MUST*** complete general training ***BEFORE*** volunteering as a side walker.
- Volunteers ***MUST*** complete general training & horse handler training ***BEFORE*** volunteering as a horse handler.
- Volunteers ***MUST*** be able to walk for up to 60 minutes when side walking or horse handling.
- Volunteers ***MUST*** be able to raise arm shoulder height or above for up to 60 minutes when side walking.
- Volunteers should arrive 15 minutes before class begins (horse handlers need to arrive 30-45 minutes early).
- All barn rules need to be learned and followed carefully at all times for safety of riders, volunteers & horses.
- Volunteers must be at least 14 years old to handle horses or participate in classes.
- For the safety of riders and volunteers, we may do random background checks on volunteers.

***This volunteer in the Horse Heritage Educational Program has read, completed, agrees to and understands the expectations and volunteer training required.***

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

Parent/Guardian signature if volunteer under 18 \_\_\_\_\_



# Horse Heritage Educational Program

## Volunteer/Staff Information

### EMERGENCY MEDICAL TREATMENT

Name:		Date of Birth
Parent or Guardian (if under 18):		
Emergency Contact:	Relationship:	Phone:
Emergency Contact:	Relationship:	Phone:
Medical conditions requiring special consideration/treatment:		
Allergies:		
Current medications & dosage:		

#### **Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Horse Heritage Educational Program to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in medical emergency treatment.

This authorization includes x-ray, surgery, 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.

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

Parent Signature (if under 18): \_\_\_\_\_

Parent Name Printed: \_\_\_\_\_

### RISK MANAGEMENT STATEMENTS

<input type="checkbox"/> Yes I understand that I cannot smoke while on the property of Horse Heritage.	
<input type="checkbox"/> Yes I understand Horse Heritage has designated business hours at which time staff are present on the property.	
<input type="checkbox"/> Yes I understand that I must wear an approved ASTM/SEI riding helmet to ride any horse.	
<input type="checkbox"/> Yes I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping.	
<input type="checkbox"/> Yes I understand that horses are unpredictable. They may kick, bite, or step on me.	
Signature of Volunteer (if volunteer is under the age of 18, Parent/Guardian must sign)	Date:



# Horse Heritage Educational Program

## Volunteer/Staff Information

### **PHOTO RELEASE**

I consent to and authorize the use and reproduction by Horse Heritage Educational Program 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. I further consent that my name may be revealed therein or by descriptive text or commentary.

Signature of Volunteer (if volunteer is under the age of 18, Parent/Guardian must sign)

Date:

### **CONFIDENTIALITY AGREEMENT**

I understand that all information (written and verbal) about participants at Horse Heritage Educational Program is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature of Volunteer (if volunteer is under the age of 18, Parent/Guardian must sign)

Date:

### **WAIVER OF LIABILITY**

- *I, the undersigned, in full recognition of the possible dangers and hazards inherent in any activity involving horses, do hereby agree to assume all the risks and responsibilities surrounding my participation in programs using Horse Heritage Educational Program horses and horse facilities; and further hereby defend, hold harmless, indemnify and release and forever discharge Horse Heritage Educational Program, and its staff members, from and against any and all claims, demands and actions on account of damage to personal property, injury, or death, which may result from my child's participation in programs utilizing Horse Heritage Educational Program's horses and horse facilities, which result from causes beyond the control of and without the fault or negligence of Horse Heritage Educational Program, or its employees/volunteers, during the period of my participation in the aforementioned program.*
- All volunteers and staff are required to wear approved equestrian helmets. If you do not have an ASTM/SEI approved helmet, Horse Heritage Educational Program will provide one to you for the program activities.
- **Under Washington law, an equine activity sponsor or and equine professional shall not be liable for an injury to or death of a participant engaged in an equine activity. RCWA 4.24.530**

Signature of Volunteer:

Date:

Printed Name of Volunteer:

Parent/Guardian Signature:

Date:

Printed Name of Parent/Guardian:



# Horse Heritage Educational Program

## Volunteer/Staff Information

### BACKGROUND INFORMATION

The undersigned applicant acknowledges that Washington law requires employees and volunteer who have regularly scheduled unsupervised access to children under the age of 16 years, developmentally disabled persons, or vulnerable adults, to provide the following statement and subject to background checks concerning adjudication of certain civil and criminal matters identified in RCW 43.43.8340 – Background Checks – Access to Children or Vulnerable Persons – Definitions. I acknowledge notice that Horse Heritage Educational Program may conduct an inquiry of me as permitted by statute.

Also, as required by statute, I am disclosing the extent to which there has been a civil adjudication or criminal conviction regarding the following matters:

Applicant Last Name:	Applicant First Name:	Applicant Middle Name:
Alias / Maiden Name(s):		
Date of Birth (Month/Day/Year):		Sex:
Current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number:	State:
1. Convicted of any crime against children or other persons? Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
2. Convicted of crimes relating to financial exploitation or a vulnerable adult: Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
3. Found to have sexually assaulted, exploited or physically abused a minor in a dependency action under RCW 13.34.040 Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
4. Convicted of any crime against children or other persons: Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
5. Found in any disciplinary board final decision to have sexually abuse or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
6. Found in a court in a protection proceeding under Chapter 74.34 RCW to have abused or financially exploited a vulnerable adult Explanation:	<input type="checkbox"/> Have Not <input type="checkbox"/> Have Been	
I understand Horse Heritage Educational Program may institute a Washington State Physical and Criminal Background Check and reserves the right to terminate my volunteer service		
Signature of Volunteer		Date:
Signature of Parent/Guardian (if under 18)		Date: