



Horses with Hearts, Inc.
Therapeutic Riding
PO Box 2186, Martinsburg, WV 25402

Volunteer/Staff Information Form and Health History

GENERAL INFORMATION:

Name: _____ Date: _____

Address: _____
(street address) City State Zip Code

Home Phone: _____ Cell #: _____ Work #: _____ Alternative #: _____

Email Address: _____ Date of Birth: _____

Employer: _____ Occupation: _____

Parent/Legal Guardian/Caregiver Name /Address / Phone Number: _____

How did you learn about the program? _____

Emergency Contact Information: Name: _____
 Relationship: _____
 Phone #: _____ Cell #: _____

HEALTH HISTORY

Please list any health issues or conditions you feel we need to be aware of. (i.e., cardiac, respiratory, bone or joint function.)

Allergies: _____

Check which areas you are interested in:

- | | | | |
|---|---|--|--|
| <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photography/Video |
| <input type="checkbox"/> Sidewalking with a Student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget & Finance |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

I understand that the information provided in the above Volunteer/Staff Information Form and Health History is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Photo Release:

I _____ DO
 DO NOT

Consent to and authorize the use and reproduction by Horses with Hearts, Inc
(PATH, Intl. Center)
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 Center.

Signature: _____ Date: _____

Signature: _____ Date: _____
(Volunteer/Staff)

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Horses with Hearts is confidential and will not be shared with anyone without the express, written consent of the participant and, in the case of a minor, his or her parent/guardian.

Signature: _____ Date: _____
(Volunteer/Staff)

Horses with Hearts Therapeutic Riding Volunteer Rules

All volunteers must read and sign this form. Rules are subject to change at the organization's discretion. All volunteers are required to read and sign updated form within 30 days of publication.

All volunteers must attend annual administrative and farm training and ALL forms signed including an appropriate Participant Agreement signed and submitted. If participant is under the age of 18 or unable to sign a parent or guardian must sign the forms.

Volunteers are required to wear closed toed shoes at all times. Volunteers are to wear appropriate clothing as indicated in the Volunteer Handbook.

Volunteers are required to wear an ASTM approved helmet when mounted on the horse. Volunteer may provide their own helmet but it must be ASTM approved. If volunteer does not have a personal helmet, one will be provided for them. Helmet must fit volunteer properly. Helmets must be within 5 years of manufacture date.

Volunteers are responsible to make sure they **do not** perform any duties for Horses with Hearts unless they have received training ie: grooming horses, Mounting/Dismounting participants, getting and returning horses to and from the field, knowledge of where the first aid kit and emergency phone are kept, etc.

Volunteers are under the direct supervision of riding instructor at all times. Volunteers are to follow directions from riding instructor and/or lead volunteer at all times.

Volunteers must stay in designated Horses with Hearts area at all times.

Volunteers are not allowed in barn or other undesignated areas without the permission of the riding instructor and/or lead volunteer.

No smoking of any kind (cigarette, cigar, pipe, vaping, etc.) allowed on the premises of Horses with Hearts.

When entering or leaving the property, all vehicles must drive no more than 5 miles per hour.

All volunteers are guests of Horses with Hearts and are REQUIRED to be respectful to EVERYONE at the facility and of the facility at all times.

All volunteers are responsible for supervising their assigned participant during designated lesson time.

Volunteers are responsible for the actions of their guest who may be visiting the facility.

Failure to adhere to all of the above rules can result in volunteer's participation in the program to be canceled immediately.

I, _____, have read and understand the Horses with Hearts Rules.

Signature: _____
Date

If volunteer is under the age of 18, signature of a parent is required on this form.

I, _____, am the parent for
_____ and I have read and understand the Horses with
Hearts Rules.

Signature: _____
Date

Updated March 3, 2021



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Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy: _____

Allergies to Medications: _____

Current Medications: _____

In the event of an emergency, please 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 HORSES WITH HEARTS to:

Secure and obtain medical treatment and transportation if needed.

1. 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 "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan

I do not 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 Horses with Hearts.

- 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:

Date: _____ Consent Signature: _____

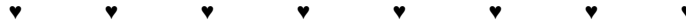
Client, Parent or Legal Guardian
Signed in presence of center staff

Rev 2/19/2013

PARTICIPANT AGREEMENT

(Parent(s) of a minor)

HORSES WITH HEARTS, INC.



- I, _____, the parent/guardian of _____, a minor under the age of 18 years, acknowledge that we applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if he/she is unable to participate, or has limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors do not provide insurance coverage for him/her or their participation in the program.
- I give my permission for Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include _____'s image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by _____ and arising out of, connecting with, or in any way associated with the activities of this Organization.
- I acknowledge and agree that Horses with Hearts reserves the right to terminate his/her participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of him/her, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I am the parent or legal guardian of _____, and that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement and that I sign the same voluntarily.

Signature of Participant's Parent/Guardian

(Date)

On behalf of Horses with Hearts, Inc.

(Date)

PARTICIPANT AGREEMENT

(Legal Guardian)

HORSES WITH HEARTS, INC.



- I, _____, the legal guardian of _____, acknowledge that we applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if he/she is unable to participate, or has limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors is not providing insurance coverage for him/her or their participation in this program.
- I give my permission for Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include _____'s image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, directors, volunteers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by _____ and arising out of, connecting with, or in any way associated with the activities of this Organization.
- I acknowledge and agree that Horses with Hearts reserves the right to terminate his/her participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of him/her, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement, which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I am the legal guardian of _____, that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement and that I sign the same voluntarily.

Signature of Participant's Legal Guardian

(Date)

On behalf of Horses with Hearts, Inc.

(Date)

PARTICIPANT AGREEMENT

(Adult)

HORSES WITH HEARTS, INC.



- I, _____, an adult over the age of 18 years, acknowledge that I applied to participate in Horses with Hearts equine assisted activities.
- I understand that it is my responsibility to notify Horses with Hearts if I am unable to participate, or have limitations or restrictions, in riding activities for medical or any other reason, and I understand it is my responsibility to notify Horses with Hearts of any medical or other recommendations which may be made that are relevant to the riding program and attendant activities.
- I understand that Horses with Hearts or other project sponsors is not providing insurance coverage for me or my participation in the program.
- I give my permission for the Horses with Hearts to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promoting, or interpreting the Organization's programs.
- I agree to hold harmless and defend Horses with Hearts, its officers, directors, volunteers, agents, servants, and employees from any and all claims resulting from injuries, damages, losses, or death sustained by me and arising out of, connecting with, or any way associated with the activities of this Organization.
- I acknowledge an agree that Horses with Hearts reserves the right to terminate my participation in the program for failure to act in accordance of any rules and regulations or for any reason which the leaders of Horses with Hearts deem necessary to maintain the safety of me, the leaders, the volunteers, the horses, or others.
- I agree that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of West Virginia. I agree that in the event any clause or provision of this Agreement shall be held to be invalid by a court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Agreement which shall continue to be enforceable.
- I have carefully read this agreement and fully understand its contents. By signing this agreement, I certify that I have had the opportunity to consult with counsel, or others of my choosing, prior to executing this agreement, and that I sign the same voluntarily.

Signature of Participant

(Date)

On behalf of Horses with Hearts, Inc.

(Date)

VOLUNTEER/STAFF QUESTIONNAIRE

(Please check the appropriate box. If more space is needed, please use an additional sheet of paper)

1. Have you ever been accused or convicted of any of the following offenses:

- | | | |
|---|-----------|----------|
| ➤ Child abuse, child neglect, or any other crime against children | Yes _____ | No _____ |
| ➤ Sexual offenses | Yes _____ | No _____ |
| ➤ Domestic violence | Yes _____ | No _____ |
| ➤ Carrying a concealed weapon | Yes _____ | No _____ |
| ➤ Assault or battery | Yes _____ | No _____ |
| ➤ A violent crime | Yes _____ | No _____ |
| ➤ Any crime of passion | Yes _____ | No _____ |

2. Have you even been accused or convicted of any other crime, felony or misdemeanor, not referred to above? Yes _____ No _____

3. Please explain in detail any affirmative (YES) responses listed above, giving details regarding each accusation or conviction, including the date the misconduct occurred and the outcome of the same. Horses with Hearts reserves the right to ask for any additional details it deems necessary:

4. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes _____ No _____

5. Please provide three (3) adult references (names, addresses, phone numbers) of persons who are not related to you by blood, marriage or other family relationship and are not employed or supervised by you, who can, to the best of their ability, provide statements in support of your good character and clean record in regard to sexual misconduct with children, youth and adults.

Names and Addresses:

1. _____
2. _____
3. _____

QUESTIONNAIRE RESPONSE FORM

(To be signed by all volunteers of Horses with Hearts. If under 18, a parent or guardian must also sign)

I verify that the answers I have provided on this questionnaire are true and accurate to the best of my ability. I understand that false answers, as well as the failure to sign this RESPONSE FORM, will result in my being denied the position for which I am being considered.

Printed Name *Signature* *Date*

I, _____, authorize Horses with Hearts, Inc. to receive information from any law enforcement agency, including police department and sheriff departments, of this state and any other state or federal government, to the extent of permitted by state and federal laws, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to, any convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize Horses with Hearts, its directors, officer, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Printed Name *Signature* *Date*

CURRENT DRIVER’S LICENSE: Yes ___ No ___ License Number _____ State _____

I, the parent/guardian of the prospective volunteer, verify that the information contained herein is true to the best of my knowledge or information, and I consent to having Horses with Hearts run a background check on my child.

Printed Name *Signature* *Date*

Printed Name *Signature* *Date*

Volunteer Commitment Form

Name

Date

Best Contact Number

I understand the importance of my role as a volunteer. I am committing to the following time schedule. I understand I may have to make changes to this commitment and will let Kay know as soon as possible when I am unable to be there for my assigned times.

_____ Tuesdays Time: _____ to _____

_____ Wednesdays Time: _____ to _____

_____ Thursdays Time: _____ to _____

This commitment is for the 20__ riding session.

The follow are dates I know I cannot be there during my regularly committed time:

