



# Tri-State Therapeutic Riding Center

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## VOLUNTEER APPLICATION

### CONTACT INFORMATION

Name (First, Last): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Parent/Caregiver Name(s), *if under age 18 or dependent adult*: \_\_\_\_\_

Parent/Caregiver Contact Information, *if different from above*:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Primary Emergency Contact Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

School/Group Association Name (if applicable): \_\_\_\_\_

Name of person in charge of group (if applicable): \_\_\_\_\_

Please indicate the day(s) and time(s) you will be volunteering: \_\_\_\_\_

I would like to receive the free quarterly newsletter  Yes  No

### HEALTH HISTORY

Please list any allergies or conditions that may affect you during the time at which you are volunteering: (Easily fatigued, asthma, allergic to bee stings, any major surgeries or conditions that EMS would need to be notified of in the event of an emergency):

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

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## CONSENTS

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury to me or my child while being on the property of the agency, I authorize TSTRC to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

#### Consent:

Yes  No Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at TSTRC 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. This includes all medical, social, referral, personal, financial, and otherwise sensitive information. I understand that individuals who breach confidentiality will be removed from the TSTRC program.

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

## PHOTOGRAPHY CONSENT

I understand that TSTRC often takes still pictures and/or videos of students, clients, volunteers and instructors for a variety of reasons. I authorize TSTRC to take still and/or video photographs of myself, or the individual for which I am legally responsible.

### Consent:

Yes       No      Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HORSE EXPERIENCE

Are you comfortable around horses?  Yes  No  Somewhat  Not sure  
Do you or have you owned horses?  Yes  No      If yes, for how long? \_\_\_\_\_  
Have you ever worked with horses?  Yes  No      In what capacity? \_\_\_\_\_  
Have you had formal lessons or training in working with horses?  Yes  No  
*If yes, please list the type and amount of training you have had:* \_\_\_\_\_

Do you ride or carriage drive?  Yes  No  
*If yes, please describe the type of riding/driving and your experience:* \_\_\_\_\_

## OTHER EXPERIENCE

Are you comfortable around people with disabilities?  Yes  No  Somewhat  Not sure  
Have you ever worked with people with disabilities?  Yes  No      If yes, for how long? \_\_\_\_\_  
Please describe any special skills, training, or talents that you feel might be helpful to us.  
\_\_\_\_\_

Please tell us why you would like to volunteer at TSTRC.  
\_\_\_\_\_

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



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## VOLUNTEER INTEREST AREA

### Facility/Horses:

- Grooming
- Tacking
- Feeding
- Training/Exercising
- Facilities Maintenance
- Barn Chores
- Grounds Maintenance
- Cleaning Offices
- Other \_\_\_\_\_

### Lessons/Students:

- Side walking with Students
- Leading a Horse
- Helmet Fitting
- Set Up/Clean Up
- Instructing
- Horse Shows
- Assisting Students
- Other \_\_\_\_\_

### Program/Admin:

- Office Work
- Fundraising
- Publications
- Photography/Video
- Grant Writing
- Planning/Organizing
- Secretarial
- Other \_\_\_\_\_

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## BACKGROUND INFORMATION CONSENT

Have you ever been charged with or convicted of a crime?  Yes  No

If yes, please explain : \_\_\_\_\_

I, (*print name*) \_\_\_\_\_ consent to authorize TSTRC to receive all information from any law enforcement agency, including police departments and sheriff's departments, of any state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had, including but not limited to crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize TSTRC, its directors, officers, employees, or other volunteers to disseminate this information in any way to any individual, group, agency, organization, or corporation.

*Volunteer/Parent/Guardian/Caregiver Signature:* \_\_\_\_\_

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



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## RELEASE OF LIABILITY

To be completed by the adult participant, participant's parent, or participant's legal representative.

This release of liability is made and entered into on this date, \_\_\_\_\_, by and between Tri-State Therapeutic Riding Center, hereinafter known as TSTRC, and participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) \_\_\_\_\_. In return for participation in TSTRC's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold TSTRC and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon TSTRC's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct willful and wanton negligence of TSTRC.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend TSTRC against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon TSTRC's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the State of Alabama and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When TSTRC and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

*Participant/Parent/ Legal Guardian or  
Legal Representative Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*TSTRC Representative Signature.* \_\_\_\_\_ *Date* \_\_\_\_\_