



HORSES WITH HEART

P.O. Box 2427, Chino Valley, AZ 86323
Office: (928) 533-9178

Revised January 2017

VOLUNTEER AGREEMENT

Office Use Only:

Orientation Date: _____ Initials: _____

Vol. Agreement Review Date: _____ Initials: _____

Today's Date: _____

New to HWH? _____ Returning Volunteer? _____ When did you volunteer with HWH before? _____

Volunteer's Name: _____ DOB: _____ Age: _____

Mailing Address: _____ City/State/Zip: _____

Home Telephone: _____ Work Phone: _____ Cell: _____

Volunteer's Email Address: _____ Text Message: Yes No

Name and Phone Number of Other Contact (as necessary): _____

Parent/Guardian (if 18 years of age or under): _____

Parent/Guardian's Email Address: _____

In case of emergency, please notify: _____ **Phone:** _____

Veteran? Yes []

Matching Fund Program*? Yes []

*Many places of employment, credit unions, etc., offer matching fund programs where your donations of money or volunteer hours to designated charities will be matched by the employer, credit union, etc. This is particularly helpful during Bowl-a-Thon and other fund raising events.

Place of Employment/School: _____ **Type of Work/School Program:** _____

Please check your volunteer interests:

<p>Working with Special Needs Clientele: <input type="checkbox"/> School or Group Tours/Off-site visits – Marvelous Mini Program (as sched.) <input type="checkbox"/> Special Olympics Shows and Training (Saturdays) <input type="checkbox"/> Safety Support Team - helping with Riding Lessons (Tues., Thurs., Fri.) <input type="checkbox"/> Working with Veterans</p>	<p>Office: <input type="checkbox"/> Phoning <input type="checkbox"/> General office (data entry, filing, etc.) <input type="checkbox"/> Cleaning Office <input type="checkbox"/> Cleaning Volunteer Trailer</p>	<p>Committee Opportunities: <input type="checkbox"/> Team Community Connect (HWH Booths, Fundraising, Marketing) <input type="checkbox"/> Program Committee <input type="checkbox"/> Volunteer Committee</p>
<p>Barn Duties: <input type="checkbox"/> Cleaning Stalls (pick one or more AM/PM; Sunday - Saturday) <input type="checkbox"/> Grooming Horses (pick one or more AM/PM; Monday - Saturday) <input type="checkbox"/> Cleaning tack</p>	<p>Grounds Duties: <input type="checkbox"/> Construction <input type="checkbox"/> Equipment upkeep, cleaning, repair <input type="checkbox"/> Facility maintenance, Grounds-keeping</p>	

Please indicate days and times that we can count on you! (Circle AM and/or PM next to each day):

Monday - AM PM Tuesday - AM PM Wednesday - AM PM Thursday - AM PM Friday - AM PM
Saturday - AM PM Sunday - AM PM

T-Shirt Size: S M L XL XXL

(Shirts are Men's sizes – Men's Medium = Women's Large, etc.
(Volunteers receive a Horses with Heart T-Shirt after 25 hours of service.)

Name: _____

VOLUNTEER BACKGROUND



How did you hear about Horses with Heart? Agency: _____ Other: _____
(This information is important for HwH to study the most effective means of reaching the public through the media.)

Have you had an immunization against Tetanus in the past 10 years? If yes, when? _____	Y	N
Have you had CPR/First Aid Training? If yes, when? _____	Y	N
Would you be interested in taking a special group class for CPR?	Y	N
Do you speak a language other than English? If yes, which language(s)? _____	Y	N
Do you know American Sign Language?	Y	N
Have you worked with people with disabilities before? If yes, please explain: _____	Y	N
How much experience do you have with horses/ponies? _____		

TIME COMMITMENT –

Horses with Heart is a volunteer dependent non-profit organization. Do you understand that if you do not come at your designated volunteer time, a rider may not be allowed to ride due to safety precautions?	Y	N
Can you commit to helping for at least a 6-week period for a minimum of 1½ hours on one day a week?	Y	N
Would you be willing to be listed on an “On Call” list? In the event that a class is short on volunteers, may we call you as a substitute?	Y	N
If called for an emergency substitution, how quickly could you get to Horses with Heart? _____		

PHYSICAL COMMITMENT –

Can you walk briskly for 60 minutes beside a horse?	Y	N
Are you comfortable jogging beside a horse for a short distance?	Y	N
Given a chance to change sides, can you hold one of your arms above your shoulder and support modest weight?	Y	N
Do you have any physical limitations or medical conditions about which we should know? Please list: _____	Y	N

RISK MANAGEMENT STATEMENTS –

I understand that I cannot smoke while on the property of HwH unless I do so inside my car.	Y	N
I understand that I cannot use drugs or alcohol while on the property of HwH or just prior to my arrival.	Y	N
I understand that weapons are not allowed on HwH property.	Y	N
I understand HwH has designated business hours at which time staff are present on property.	Y	N
I understand that I must wear an approved ASTM-SEI approved riding helmet if I’m authorized to ride any horse.	Y	N
I understand that horses are not to be fed anything by hand. Hand feeding encourages biting and nipping.	Y	N
I understand that horses are unpredictable. They may kick, bite, or step on me.	Y	N
I understand that I need to dress appropriately for the work that I will be doing, always considering the weather and wearing hard-soled, closed-toe sturdy shoes or boots.	Y	N
I understand that pets (dogs, cats, etc.) can be a distraction and sometimes a hazard. For that reason I acknowledge that only certified companion or working therapy support animals are allowed on the HwH property and only with advance permission from the Executive Director.	Y	N

VOLUNTEER POLICIES & STATEMENTS



NON-DISCRIMINATION POLICY –

Horses with Heart is committed to providing all participants (riders, volunteers, board members, contractors and staff) with an environment free from all types of harassment and discrimination based on race, color, religion, national origin, sexual orientation, age, gender, physical, emotional or intellectual disability or veteran status. Horses with Heart prohibits and will not tolerate such harassment or discrimination by anyone affiliated with or those who do business with Horses with Heart.

It is our policy to maintain a positive environment free from all forms of harassment or discrimination and to insist that everyone be treated with dignity, respect and courtesy. The purpose of this policy is not to regulate our participants' personal morality. It is to assure that harassment or discrimination does not occur at our facility. All complaints of harassment or discrimination will be thoroughly, promptly and objectively investigated.

Date: _____ Signature: _____
Volunteer, Staff, Parent/Guardian (required if 18 years of age or under)

CONFIDENTIALITY STATEMENT –

Volunteers, Staff members, riders and families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses with Heart shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.

Date: _____ Signature: _____
Volunteer, Staff, Parent/Guardian (required if 18 years of age or under)

PHOTO/VIDEO RELEASE –

I, hereby, consent to and authorize the use and reproduction by Horses with Heart of any and all still and video photography and any other audio/visual materials taken of me/my child/my ward/my family for promotional purposes to include but not limited to printed material, educational activities, exhibitions or any other use for the benefit of the program.

I CONSENT I DO NOT CONSENT

Date: _____ Signature: _____
Volunteer, Staff, Parent/Guardian (required if 18 years of age or under)

BACKGROUND INFORMATION –

Have you ever been charged with or convicted of a crime. **Y N** Please explain: _____

I, _____(), authorize Horses with Heart to receive information from any law enforcement agency, including police departments and sheriff departments, of this state (Arizona) or any other state or federal government, 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 understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. Center, Horses with Heart, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Date: _____ Signature: _____
Volunteer, Staff, Parent/Guardian (required if 18 years of age or under)

DISMISSAL OF RIDERS, VOLUNTEERS AND/OR GUESTS –

Volunteers and guests may be discharged if behavior becomes disruptive, inappropriate, or threatens the safety of other people or equines. Also volunteers may be discharged if they are no longer suited for volunteer activities.

Date: _____ Signature: _____
Volunteer, Staff, Parent/Guardian (required if 18 years of age or under)



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & HEALTH HISTORY

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 Heart 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 medical emergency treatment.

Rider/Volunteer/Staff Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: (_____) _____ Date of Birth: _____

Parent/Guardian/Emergency Contact Person: *(Person who is authorized to give temporary assistance/ care in absence of parent/guardian)*

1. Name: _____ Phone: (_____) _____ Relationship _____

2. Name: _____ Phone: (_____) _____ Relationship _____

3. Physician's Name: _____ Phone: (_____) _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Insurance ID: _____

HEALTH HISTORY, ALLERGIES, and MEDICATIONS

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, seizure activity, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

CONSENT PLAN

This authorization includes X-ray, surgery, hospitalization, medical and any treatment deemed "Life Saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: _____ Consent Signature: _____

(Rider, Staff, Volunteer or Parent/Guardian if rider or volunteer is under the age of 18)

PRINT Emerg. Contact Name: _____ Phone: (_____) _____

Emerg. Contact's Address: _____

NON-CONSENT PLAN

I do not give my consent to 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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Date: _____ Non- Consent Signature: _____

(Rider, Staff, Volunteer or Parent/Guardian if rider or volunteer is under the age of 18)

PRINT Emerg. Contact Name: _____ Phone: (_____) _____



RIDER/STAFF/VOLUNTEER NAME: (Please Print) _____

PHONE NUMBER: (AREA CODE) (_____) _____

HORSES WITH HEART LIABILITY RELEASE

I understand that horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Horses with Heart, as such policies may be amended from time to time. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses with Heart, nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with Heart events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Horses with Heart event.

I further acknowledge that I will not hold Horses with Heart, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with Heart events are conducted, liable or responsible for any injury sustained by me while participating in activities at sites where horse therapy classes and related events may be held. I ride and/or participate at my own risk, and agree to take all necessary precautions to prevent any and all accidents. These precautions include, but are not limited to, the wearing of protective headgear.

I hereby release Horses with Heart its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Horses with Heart events occur, from all liability for property damage and personal injury to me, and I assume the risk of injury which I may sustain arising from approaching, handling, or riding a horse in connection with Horses with Heart activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses with Heart event is being held, or any person or equipment affiliated with said event.

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses with Heart events are conducted, including minors.

VOLUNTEERS: I represent that I am physically able to undertake all reasonable volunteers' activities and I participate in such activities at my own risk. VOLUNTEER INITIALS: _____
Jr. Vol. Parent/Guardian (required if under 18 years of age) **INITIALS:** _____

RIDERS: I represent that I am physically able to undertake riding activities and equine interaction and I do so at my own risk. RIDER INITIALS: _____
Rider Parent /Guardian (required if under 18 years of age) **INITIALS:** _____

WARNING: Under Arizona law, a sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A.R. S. s12-553.

I have read and understand all of the above and waive any claim which may arise against Horses with Heart, its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with Heart events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horses with Heart events. I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Signature of Rider, Staff or Volunteer

Signature of Parent/Guardian (required if 18 years of age or under)

Date: _____

All Participant, Staff and Volunteer information is required to be reviewed and updated annually.

Return Forms to: Horses with Heart, P.O. Box 2427, Chino Valley, AZ 86323 (928) 533-9178