

For office Use Only:

Name: _____

Orientation HH SW Groom/tack

Date Form Submitted: _____

**CAN-TR: Laurel Ridge and Possum Trail Farms
Volunteer/Staff Information & Consent Form**

(Please print front and back on single sheet of paper)

First Name: _____ MI: _____ Last Name: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-mail: _____ Age: _____ DOB: _____

Employer/School: _____ Occupation/Title: _____

Parent/Legal Guardian: _____ Phone #: _____

Street Address: _____ City: _____ ST: _____ Zip: _____

Emergency Contact: _____ Relationship to you: _____ Phone #: _____

How did you hear about our organization? _____

Do you have horse Experience? (check one) None Some Considerable

Please briefly explain: _____

Are you able to walk for 60 minutes or jog short distances? (check one) Yes No

Volunteer Opportunities (please check all that are of interest)

Program Volunteer

Special Events

Administration

Sidewalking

Fundraising

Horse Leader*

Website

Stable/Facility Maintenance

Public Relations

Horse Exerciser*

General Office

Photography/Video

Newsletter

Volunteer Availability (please check all that apply)

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Morning | Morning | Morning | Morning | Morning | Morning | Morning |

Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon | Afternoon |

Evening | Evening | Evening | Evening | Evening | Evening | Evening |

Authorization for Emergency Medical Treatment

Physician's Name: _____ Phone #: _____

Health Insurance Company: _____ Group #: _____ Subscriber #: _____

Allergies: _____

Current Medications: _____

Health History: Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

"WARNING"

Under NC Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. -Chapter 99E of the NC General statutes

CONSENT & LIABILITY WAIVERS

Make sure that all below consent and liability waivers are signed. All volunteers 18 years of age and under must have these forms signed before participating in the Volunteer Orientation.

I understand that the information provided above is accurate to the best of my knowledge. I know no reason why I should not participate in the _____ program.

Signature: _____ Date: _____

(Parent or Legal guardian if volunteer is under the age of 18)

Photo Release (please check): I **do** or I **do not** consent to and authorize the use and reproduction by the _____ 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.

Signature: _____ Date: _____

(Parent or Legal guardian if volunteer is under the age of 18)

Background Information: Have you ever been charged with or convicted of a crime? NO YES

If YES, explain...

I, _____, (volunteer) authorize _____ to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state 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. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize the _____ program its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

(Parent or Legal guardian if volunteer is under the age of 18)

Current Drivers License? YES NO If YES, License #: _____ State: _____

Consent Plan and Agreement for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize the _____ program to: 1) Secure and retain medical treatment and transportation as needed and 2) Release records upon request to the authorized individual or agency involved in the 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) below is/are unable to be reached.

Signature: _____ Date: _____

(Parent or Legal guardian if volunteer is under the age of 18)

Liability Release

As a volunteer at the _____ program, I acknowledge the risks and potential for risks of a horseback riding program, however, I feel that the possible benefits to me and the clients with whom I work are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, or administrators, waive and release forever all claims for damages against the _____ program, its Board of Directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in the _____ program.

Signature: _____ Date: _____

(Parent or Legal guardian if volunteer is under the age of 18)

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