



# HORSES WITH H.E.A.R.T., INC.

(Hands-on Equine Assisted Riding Therapy)

P.O. Box 2427, Chino Valley, AZ 86323

Office: (928) 533-9178

## VOLUNTEER AGREEMENT

Revised December, 2011

Volunteer's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Home 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: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**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 Ride-A-Thon and other fund raising events.

**Place of Employment/School:** \_\_\_\_\_ **Type of Work/School Program:** \_\_\_\_\_

**Please check your volunteer interests:**

|  |   |  |
|--|---|--|
| <p><b>Working with Special Needs Clientele:</b></p> <p>_____ School Tours (Monday PM)</p> <p>_____ Special Olympics Shows and Training (Saturdays)</p> <p>_____ Safety Support Team - helping with Riding Lessons (Monday - Friday)</p> <p>_____ Working with Veterans (Monday AM)</p> <p>_____ Working with Silver Saddle (Monday PM)</p> | <p><b>Office:</b></p> <p>_____ Telephone Calling for Special Events</p> <p>_____ Typing/Office/Data Entry (circle)</p>                    | <p><b>Committee Opportunities:</b></p> <p>_____ Capital Committee</p> <p>_____ Fundraising Committee</p> <p>_____ Marketing/PR Committee</p> <p>_____ Program Committee</p> <p>_____ Volunteer Committee</p>                                   |
| <p><b>Barn Duties:</b></p> <p>_____ Cleaning Stalls (pick one or more AM/PM, Sunday - Saturday)</p> <p>_____ Grooming Horses (pick one or more AM/PM, Monday - Saturday)</p> <p>_____ Preparing Horse Supplements</p>  | <p><b>Grounds Duties:</b></p> <p>_____ Construction</p> <p>_____ Equipment upkeep, cleaning, repair</p> <p>_____ Facility maintenance</p> | <p><b>Miscellaneous:</b></p> <p>_____ Assist with transporting equines - must have own trailer.</p> <p>_____ Fund raising.</p> <p>_____ Grant writing.</p> <p>_____ Publicity: marketing, writing articles, contacting organizations, etc.</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 H.E.A.R.T. T-Shirt after 25 hours of service)

# VOLUNTEER BACKGROUND



How did you hear about Horses with H.E.A.R.T., Inc.? 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 –

***If you are not able to attend your scheduled riding lesson, please contact the Instructor. If possible, 24-hour advance notice is preferred so that a replacement can be found for you. Please sign in at the Volunteer Desk upon arrival and sign out before you leave.***

|   |   |   |
|---|---|---|
| Horses with H.E.A.R.T., Inc. 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 1 ½ 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 H.E.A.R.T.? _____   |   |   |

## 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:<br>_____ | 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 HwH has designated business hours at which time staff are present on property.  | Y | N |
| I understand that I must wear an approved ASTM 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 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. | Y | N |

# VOLUNTEER POLICIES & STATEMENTS



## NON-DISCRIMINATION POLICY –

Horses with H.E.A.R.T., Inc. 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 H.E.A.R.T., Inc. prohibits and will not tolerate such harassment or discrimination by anyone affiliated with or those who do business with Horses with H.E.A.R.T., Inc.

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

## CONFIDENTIALITY STATEMENT –

Volunteers, 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 H.E.A.R.T. 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 H.E.A.R.T., Inc., of any and all photographs and any other audio/visual materials taken of me/my child/my ward for promotional printed material, educational activities, exhibitions or any other use for the benefit of the program.

I CONSENT       I DO NOT CONSENT

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
Volunteer, 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, \_\_\_\_\_ (volunteer, staff), authorize Horses with H.E.A.R.T., Inc. 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 H.E.A.R.T., Inc., 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, Parent/Guardian (required if 18 years of age or under)



# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 H.E.A.R.T. 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 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 \_\_\_\_\_

## **ALLERGIES, MEDICAL CONDITIONS and MEDICATIONS** (Please list any medical problems, special situations, seizure activity, etc.)

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

## **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, Volunteer or Parent/Guardian if rider or volunteer is under the age of 18)*

PRINT Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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

PRINT Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_



**RIDER/VOLUNTEER NAME: (Please Print)** \_\_\_\_\_

**PHONE NUMBER: (AREA CODE) (\_\_\_\_\_)** \_\_\_\_\_

## **HORSES WITH H.E.A.R.T. 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 H.E.A.R.T., 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 H.E.A.R.T., nor any of its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with H.E.A.R.T. 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 H.E.A.R.T. event.

I further acknowledge that I will not hold Horses with H.E.A.R.T., its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with H.E.A.R.T. 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 H.E.A.R.T., its officers, instructors, volunteers, participants, employees, agents as well as the owner of the property, where lessons, horse shows or other Horses with H.E.A.R.T. 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 H.E.A.R.T. activities.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses with H.E.A.R.T. 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 H.E.A.R.T. 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. 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. INITIALS: \_\_\_\_\_**  
**Rider or 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 H.E.A.R.T., its officers, instructors, volunteers, participants, employees, agents or owners of the property where Horses with H.E.A.R.T. events are conducted.

This agreement is effective upon signing and continues so long as I participate in Horses with H.E.A.R.T. 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 or Volunteer**

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

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

**Return to: Horses with H.E.A.R.T., Inc., P.O. Box 2427, Chino Valley, AZ 86323 (928) 533-9178**