



Administrative use only:

- Background check
- Handbook signed
- Sales Force
- Trained
- Date: _____

VOLUNTEER APPLICATION

Full Name: _____ **Date of Birth:** _____

Address: _____ **City, State, Zip:** _____

County you live in: _____ **Home #:** _____ **Cell #:** _____

Email Address: _____ **Employer/School:** _____

Are you a veteran? Yes No

How did you hear about Hope Horses, Inc.? _____

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

Primary Emergency Contact (Name and Phone Number): _____

Why do you want to volunteer at Hope Horses, Inc.?

In which capacities do you wish to volunteer? Circle all that apply.

Barn chores – Regular or occasionally

Supply Drive for barn – anytime

Lesson helper – weekly

Help on fundraising committee- seasonally

Administrative helper – regularly or occasionally

Help with group visits/field trips – occasionally

Property maintenance/manual labor

How often would you like to volunteer at Hope Horses, Inc.?

On what days would you be able to volunteer? Circle all that apply.

Monday Mornings

Tuesday Afternoons

Wednesday Mornings

Wednesday Afternoons

Thursday Mornings

Friday Mornings

Friday Afternoons

Saturday Mornings

Saturday Afternoons

Health History

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

Have you ever had a seizure? Yes No

If yes, please explain the date and type of your last seizure. _____

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 Hope Horses 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**

Health Insurance Company: _____

Signature: _____ Date: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Hope 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 Hope Horses program.

Signature: _____ Date: _____

Photography Consent

I understand that Hope often takes still pictures and/or videos of students, clients, volunteers, and instructors for a variety of reasons. I authorize Hope Horses 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:

Please explain your level of experience with horses.

Is there a specified date when your volunteer service will end? For example, are you moving in 3 months, or volunteering only for a semester or other set period of time?

What do you hope to gain from your volunteer experience here? Please be as truthful and explanatory as possible.

Do you have any special skills, talents, certifications, or education that might be helpful to the agency? List everything that might possibly be useful at Hope Horses, Inc.!

Does your employer have matching gifts program for volunteer hours or financial contributions?

Background information:

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

If yes, please explain _____

I, (print name) _____ consent to authorize Hope Horses to receive information from any law enforcement agency, including police departments and sheriff's departments, of any state or 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 Hope Horses, its directors, officers, employees, or other volunteers to disseminate this information in any way to any individual, group, agency, organization or corporation.

Volunteer signature

Parent/Guardian/Caregiver (if under 19 years of age)

Release of Liability

To be completed by the participant or participant's parent, or participant's legal representative if under the age of 19.

This release of liability is made and entered into on this date _____, by and between Hope Horses, Inc. hereinafter known as HOPE, and staff/participant/volunteer (print name) _____, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) _____. In return for participation in Hope Horses 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 Hope 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 Hope Horse'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 Hope Horses, Inc..
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. Participants agrees to indemnify and defend Hope 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 Hope Horses, Inc.'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 Hope 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.

WARNING: Under Alabama 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 from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.

Participant (Parent/ Legal Guardian/Legal Representative if under 19 years of age)

Signature _____ Date _____

Hope Representative

Signature _____ Date _____