



For office use:  
Training Date: \_\_\_\_\_  
Background Check: \_\_\_\_\_

## VOLUNTEER APPLICATION

**Legal Name:** \_\_\_\_\_ **Nickname** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Employer/ School:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Emergency Contact Name and Telephone:** \_\_\_\_\_

**How did you learn about Southern Reins?** \_\_\_\_\_

**If a minor, Parent/Legal Guardian:**

**Name:** \_\_\_\_\_

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

**Caregiver Name and Telephone:** \_\_\_\_\_

### VOLUNTEER INTEREST

Please let us know which area(s) you are interested in volunteering in:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Lesson: Sidewalker   | <input type="checkbox"/> Office / Administration Help | <input type="checkbox"/> Barn Volunteer |
| <input type="checkbox"/> Lesson: Horse Leader | <input type="checkbox"/> Special Events/Other         |   |

**Please provide details about your experience with horses:** \_\_\_\_\_

\_\_\_\_\_

**Please provide details about your experience working with people with disabilities:** \_\_\_\_\_

\_\_\_\_\_

Does your company or place of employment have a matching gift program? \_\_\_\_\_

If so, would you be willing to help us connect with your employer about our program? \_\_\_\_\_



## BACKGROUND INFORMATION

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

If yes, please explain:

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I, \_\_\_\_\_, authorize **Southern Reins Center for Equine Therapy** to receive information from any law enforcement agency, including, but not limited to, 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 for violations of state or federal criminal laws, including, but not limited to, convictions for crimes committed upon children. I am aware that **Southern Reins** does check the National Sex Offender Public Website offered by the United States Department of Justice and adheres to their condition of use.

In respect to Southern Reins Confidentiality Policy, I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize Southern Reins, its' directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

*(sign to confirm the information is correct even if the answer is no)*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature  
*(if volunteer is under age 18)*

\_\_\_\_\_  
Date

## HEALTH INFORMATION

Please describe any medical conditions you may have regarding the physical and/or emotional demands of working with equine assisted activities where volunteer activities may include walking for extended periods of time, jogging short distances, working in humid/hot/cold conditions throughout the year, working with clients that may have mild to severe mental and/or physical issues, working with large animals.

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Name: \_\_\_\_\_

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

## MEDICAL TREATMENT AUTHORIZATION

In the event emergency medical treatment is required due to illness and /or injury during the course of volunteering with Southern Reins Center for Equine Therapy, either on said program site or assisting with and off-site activity and/or competition, I, \_\_\_\_\_, hereby authorize Southern Reins and/or its representative to: (1) Obtain medical treatment and/or transport to the nearest medical facility if needed. (2) Release relevant records upon request to the authorized agency and/or its representatives involved in the medical emergency treatment.

Volunteer's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_

IN THE EVENT THAT I AM UNCONSCIOUS AND UNABLE TO ACT FOR MYSELF, PLEASE CONTACT:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Medical Facility: \_\_\_\_\_ Telephone # \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

In an effort to provide the best care possible, please indicate if any of the following apply:

- I am allergic to the following: \_\_\_\_\_
- I have the following ongoing medical condition(s): \_\_\_\_\_
- I am currently taking the following medications for the conditions listed above: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature  
(if volunteer is under age 18)

Date \_\_\_\_\_

### **\*\*OR NON-CONSENT FOR MEDICAL TREATMENT\*\***

I, \_\_\_\_\_, hereby **DO NOT** give my consent for emergency treatment in the case of illness/injury during the course of volunteering or while on the premises of the Southern Reins Center for Equine Therapy, or assisting with an off-site activity and/or competition, and full release said program and/or its representatives for any injuries/losses I may incur as a result of this non-consent. In the event emergency treatment/aid is rendered, I wish the following procedures to take place:

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

\_\_\_\_\_  
Volunteer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature  
(if volunteer is under age 18)

Date \_\_\_\_\_



## VOLUNTEER LIABILITY RELEASE

I, \_\_\_\_\_ would like to volunteer in Southern Reins Center for Equine Therapy. I acknowledge and understand the risk and potential risks of equine assisted activities including, but not limited to: 1) The propensity of an equine to behave in dangerous ways which may result in injury or death to the participant or damage to property; 2) The inability to predict an equine's reaction to sound, movements, objects, persons or animals; 3) Hazards of surface or subsurface conditions whether known or unknown. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound, myself, my heirs and assigns, executors or administrators, waive and forever release all claims for damages, against Southern Reins Center for Equine Therapy, its Board of Directors, Instructor, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating as a volunteer.

## CONFIDENTIALITY POLICY

Confidentiality is defined as "told in secret or private relations; trusted". Any information in regards to the participants of Southern Reins Center for Equine Therapy; riders, their families, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal and/or financial information. Volunteers will be given information concerning students on a need to know basis and in keeping with the confidential nature of our participant's record. Disclosure of any confidential information shall not be released to anyone not associated with Southern Reins Center for Equine Therapy. Interviews or other forms of discussions with any public relations media is strictly prohibited by any volunteer. All such matters shall be directed to the Executive Director. Failure to adhere to this confidentiality policy by any staff or volunteer may result in their termination of service with the organization and may constitute grounds for legal action.

## PHOTOGRAPH/VIDEO RELEASE

- I DO
- I DO NOT

consent to and/or authorize Southern Reins Center for Equine Therapy to take and/or have taken still and/or moving photographs, films and/or television pictures, and/or consent and authorize Southern Reins Center for Equine Therapy, and/or its advertising agencies, news media, PATH Intl., and any other persons associated with Southern Reins Center for Equine Therapy, to use and reproduce the photographs, films, and/or pictures and to circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books and/or clinical materials. With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of Southern Reins Center for Equine Therapy, to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding the program and its work.

The undersigned acknowledges that he/she has read the Volunteers Liability Release, Confidentiality Policy, and Photograph Release in their entirety; that he/she understands the terms of these releases and has signed voluntarily and with full knowledge of the effects thereof.

\_\_\_\_\_  
Volunteer Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature  
(if volunteer is under age 18)

Date \_\_\_\_\_