

VOLUNTEER APPLICATION

Please Print Clearly

Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Cell # _____ Text Home # _____ Other _____
 E-mail address _____ Date of Birth _____
 Employer/School _____ Age (if 14 yrs or less) _____

Which Stirrups 'n Strides LOCATION are you interested in volunteering at?

Citra/Orange Lake – 4246 W HWY 318 **Hillcrest School Ocala – 3143 SE 17th Street**

How long will it take you to travel **Round Trip** from **home** to Stirrups 'n Strides/Citra? _____ hour _____ mins
 Stirrups 'n Strides/Hillcrest School? _____ hour _____ mins

AVAILABILITY (Please circle) What day(s) are you interested in volunteering? Scheduled sessions are held:

Tuesday – AM Tuesday – PM Wednesday Thursday Friday- AM Friday-PM Saturday

AREAS OF INTEREST (Please check) *Our greatest need is for side walkers and horse handlers*

- | | |
|---|--|
| <input type="checkbox"/> Sidewalking with rider | <input type="checkbox"/> Facility Maintenance - grounds, barn, fencing, etc. |
| <input type="checkbox"/> Leading a horse – horse handler | <input type="checkbox"/> Special Projects/Events |
| <input type="checkbox"/> Horse care - grooming, tacking, etc. | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Carriage Driving – assistance | <input type="checkbox"/> Media - posters/flyers/newsletter |
| <input type="checkbox"/> Tack & Equipment care | <input type="checkbox"/> Fund Raising/Public Relations |
| <input type="checkbox"/> Horse Shows – prep and assistance | <input type="checkbox"/> Office - computer skills, filing, data input, etc. |
| <input type="checkbox"/> Other _____ | |

Physical limitations? YES NO If yes, please specify _____

Experience with horses/ponies? YES NO If yes, please specify _____

Special training/skills? (Please circle) Special Education OT PT RN LPN EMT First Aid CPR

Other: _____

How did you learn about Stirrups 'n Strides? (Please v) Print/Flyer/Poster Internet Search

Social Media/Website Friend/Word of Mouth Other: _____

~For Office Use Only~

Volunteer Application Complete Volunteer Handbook Provided Orientation/Basic Training Complete
 Volunteer Training Check List Complete Special Training: _____ Data entered in database

CONSENT TO PHOTO/VIDEO

I DO DO NOT consent to and authorize the use and reproduction by Stirrups 'n Strides Therapeutic Riding Center, Inc., 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. **INITIALS»** _____

BACKGROUND INFORMATION (please complete entire section)

Have you ever been charged with or convicted of a crime? YES NO Please explain _____

I, _____ (volunteer/staff), authorize Stirrups 'n Strides Therapeutic Riding Center, Inc. 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 or animals.

I understand that such access is for the purpose of considering my application as a volunteer/employee. I expressly **DO NOT** authorize Stirrups 'n Strides, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

SIGNATURE» _____ **NAME (Please Print)** _____ **DATE** _____
(Volunteer/Personnel or Parent/Guardian if under 18)

CONFIDENTIALITY – VOLUNTEER COMMITMENT

CONFIDENTIALITY AGREEMENT - I understand that all information (written and verbal) about participants at Stirrups 'n Strides is confidential and will not be shared with anyone (unless legally required) without the expressed written consent of the participant and his/her parent/guardian in the case of a minor. **INITIALS»** _____

VOLUNTEER COMMITMENT – I will read the Volunteer Handbook, comply with all policies and procedures and follow the direction given by instructors or others in authority. **INITIALS»** _____

VOLUNTEER/PERSONNEL RELEASE OF LIABILITY

WARNING – UNDER FLORIDA LAW, STATUTE #773.01-773.05, AN EQUINE ACTIVITY SPONSOR OR EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

The undersigned acknowledges that the handling, riding and driving of horses is hazardous to both person and horse, and therefore, willingly and knowingly, accept whatever risks and potential risks are involved while volunteering, riding or driving horses under the instruction of Stirrups 'n Strides Therapeutic Riding Center, Inc, I, intending to be legally bound for myself, my heirs and assigns, executors or administrators, hereby waive and release forever all claims for damages against Stirrups 'n Strides Therapeutic Riding Center, Inc., its Board of Directors, Personnel/volunteers, for any and all injuries and/or losses I may sustain while volunteering in riding/driving and handling or driving activities at Stirrups 'n Strides Therapeutic Riding Center, Inc.

SIGNATURE» _____ **NAME (Please Print)** _____ **DATE** _____
(Volunteer/Personnel or Parent/Guardian if under 18)

VOLUNTEER/PERSONNEL EMERGENCY TREATMENT RELEASE

Volunteer/Personnel Name _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Cell phone # _____ Home phone # _____ Work phone # _____
 Physician's Name _____ Physician's phone # _____
 Health Care Insurance Co. _____ Policy # _____

IN CASE OF AN EMERGENCY WHOM SHALL WE CONTACT?

Name _____ Relationship _____
 Cell phone # _____ Home phone # _____ Work phone # _____
 Preferred Medical Facility: _____

Do you have any medical conditions requiring special precautions or treatment? None

If yes, please describe: _____

List medications and dosages: _____

List Allergies: _____

In case of an emergency, the undersigned authorizes Stirrups 'n Strides Therapeutic Riding Center, Inc. to provide such medical assistance as they determine to be necessary. In the event that the preferred physician cannot be reached, the undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the participant, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

VOLUNTEER NAME» (Please print) _____

VOLUNTEER SIGNATURE» _____ **DATE** _____

DESIGNATED STIRRUPS 'N STRIDES REPRESENTATIVE » WITNESS ONLY is required for volunteers 18 and over.

PHOTO ID check: **Yes** Type of ID: _____ **No: personally known**

STIRRUPS 'N STRIDES WITNESS NAME (Please print) _____

WITNESS SIGNATURE» _____ **DATE** _____

PARENT/GUARDIAN NAME (Please print) _____

PARENT/GUARDIAN SIGNATURE» _____ **DATE** _____

(PARENT/GUARDIAN SIGNATURE IN THE PRESENCE OF NOTARY is required for volunteers under the age of 18)

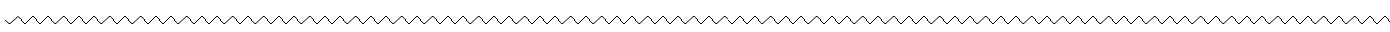


Photo ID check: **Yes** Type of ID: _____ **No: personally known**

NOTARY STAMP HERE

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____.

Notary Public State of Florida

SIGNATURE» _____