

Horses With A Mission
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Volunteer Application

Today's Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

Preferred Method of Contact: Home Phone Cell Phone Email

Employer/School: _____

Title/Student: _____

Retired? Yes No

Do you have previous horse experience? Yes No

Do you have previous experience with special needs? Yes No

Do you have any physical limitations: Yes No

Are you on any medications? If so please list them: _____

Special Training or Skills: Special Ed OT PT RN LPN EMT First Aid CPR

Other: _____

Do you belong to any clubs or social groups (book club, horse club, etc.)?

How did you learn about Horses With A Mission?

Areas of interest as a Horses With A Mission volunteer:

- | | | |
|--|--|--|
| <input type="checkbox"/> Sidewalk with a client | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Horse leader in a class |
| <input type="checkbox"/> Special Projects/Events | <input type="checkbox"/> Horse care | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Care and repair of tack | <input type="checkbox"/> Website management | |
| <input type="checkbox"/> Facility maintenance | <input type="checkbox"/> General office work | |
| <input type="checkbox"/> Volunteer recruitment | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Barn chores |
| | | <input type="checkbox"/> Outreach |

Days of Availability:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Morning _____ Afternoon _____ Evenings _____

Have you ever been convicted of a crime? No ___ Yes ___ (if yes explain below)

Do you have any open court cases? No ___ Yes ___

Explanation:

In a case of emergency who shall we contact?

Name: _____ Relationship: _____

Phone number: _____

Name: _____ Relationship: _____

Phone number: _____

Emergency Medical Release:

In case of a Medical Emergency, I _____ (Volunteer, Parent, or Legal Guardian) authorize **Horses With A Mission** to provide such medical assistance as they determine to be necessary.

In the event that the physician listed above cannot be reached, I _____ (Client, Parent, or Legal Guardian) authorize any medical care, surgical care, and/or hospital staff to provide care, which includes anesthetic, for the participant which they determine necessary or advisable.

Signature of Volunteer or Parent/Legal Guardian Date

Printed Name of Volunteer or Parent/Legal Guardian

Confidentiality Policy:

I understand that any personal or identifying information that learn about clients through my association with **Horses With A Mission** will remain confidential. I agree to refrain from discussing such details as clients' names, specific diagnosis, unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard. I understand the necessity of preserving our clients' privacy and anonymity and will abide by this agreement.

Signature

Publicity Release:

I, the undersigned, as parent or legal guardian of _____

DO DO NOT

consent to and authorize the use and reproduction by Horses With A Mission of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Release and Indemnity Agreement for Participants

I, the undersigned, as parent or legal guardian of the designated participant, for and in consideration of the agreements of Horses With A Mission to provide riding instructions, facilities and horses to the said minor, does/do hereby forever release, acquit, discharge, indemnify and hold harmless Horses With A Mission, its officers, directors, trustees, agents, employees, representatives, successors and assigns and including all volunteers assisting them, for all manner of claims, demands, suits and damages of every kind and nature, which the undersigned or the said minor may have against Horses With A Mission, its officers, directors, trustees, agents, employees, representatives, successors or assigns, or volunteers on account of any personal injuries, physical or mental condition, known or unknown, to the undersigned or the said minor, or the treatment thereof or any other damage arising as a result of or in any way connected with the acts of Horses With A Mission, its officers, directors, trustees, agents, employees, volunteers, successors or assigns, including but not limited to, their negligence or gross negligence in rendering the services above described or in any way incidental thereto, including, but not limited to, the providing of any animals for such riding instruction or riding.

If any provision of this Release Agreement shall be deemed invalid or unenforceable under applicable law, such provision shall be ineffective only to the extent of such prohibition or invalidity, without invalidating the remainder of such provision or the remaining provisions of this agreement.

WARNING

Under Florida law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Florida Statue, 773.01-773.06

Participant Name (Please Print): _____

Signature: _____

Date: _____