



# Volunteer Application

## Contact Information

Highlighted fields are required

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First (Nickname) M.I. Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street Address Texts OK? YES  NO

\_\_\_\_\_ Email: \_\_\_\_\_  
City State ZIP Code

**If Applicant is under the age of 18 or under the guardianship of a caregiver**

Parent/ Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Information

List allergies to medications or environment: \_\_\_\_\_

<p>Primary Emergency Contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p>	<p>Secondary Emergency Contact:</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p>
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## Areas of Interest

### I am here for the horses:

- Horse Handling
- Feeding Team
- Horse Shows
- Equine Healthcare: \_\_\_\_\_
- Conditioning Team: \_\_\_\_\_
- # Years of Experience: \_\_\_\_\_
- Style of Riding: \_\_\_\_\_

### I am here for the students:

- Side Walking
- Veterans
- At-Risk Youth
- Horse Shows
- Describe applicable experience: \_\_\_\_\_

### I am here to help with facilities:

- Building Repairs/Maintenance
- Pasture/Trail Maintenance
- Other: \_\_\_\_\_

### I am here to help administration:

- Reception Desk/Office Help
- Volunteer Recruiting
- Fundraising
- Event Planning
- Grants Writing
- PR/Marketing/Social Media
- Website Administration
- Photograph and/or Video
- Other Skills: \_\_\_\_\_

## Photo Release

I consent  I do NOT consent (check one)

to and authorize the use and reproduction by HEALING WITH HORSES RANCH (hereinafter "HHR") of any and all photographs and any other audio/visual materials taken of APPLICANT for promotional material, educational activities, exhibitions, or for any other use for the benefit of HHR or PATH, Intl.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant or Parent/Guardian



# Volunteer Application

## Rules and Regulations

Safety is a top priority. These Rules and Regulations are stated to help insure safety, and HEALING WITH HORSES RANCH (hereinafter "HHR") asks your assistance in making sure that everyone follows them.

**Age Limitation:** Volunteers who work with the riders and horses must be at least fourteen (14) years of age and be physically able to walk and occasionally jog for short distances during the 90 minute classes. Volunteers under the age of 14 must be supervised by a parent or legal guardian.

**Background Checks:** Because we work with children, all volunteers over 18 are required to go through a background check.

**Day Care:** Unsupervised children are not allowed at HHR. Volunteers need to make prior arrangements for child care.

**Photos:** All volunteers, staff and families must be granted permission prior to taking photographs or videos.

**Cell Phones:** Never take calls in the middle of a class! This is very disruptive and a safety hazard. Please turn ringer off.

**Dress Code:** Volunteers should dress appropriately for horse related activities around children:

- a) Wear comfortable, safe shoes for walking in sand. No sandals, opened-toed shoes, or clogs;
- b) Wear weather appropriate attire for physical activity (dress in layers);
- c) No tank tops, spaghetti straps, midriiffs or halter tops. No shorts with an inseam of less than 5 inches. No revealing clothing;
- d) No dangling jewelry that can get caught or tangled on straps or grabbed by small hands;
- e) No clothing advertising drugs, alcohol, firearms or other inappropriate subject matter.

**Arrival Times:** It is very important that classes begin on time. Arrive no later than fifteen (15) minutes before class time.

**Name Tags:** Always wear your name tag. It is very important we know who you are in case of an emergency. The name tags also have our emergency information on the back.

**Attendance:** Regular attendance is important. Whether you can commit to one hour a week or more, HHR is glad you are here and are a part of the team. It is your responsibility to keep track of the days and times you have agreed to volunteer. Signing in is very important for knowledge of who is on the property in case of an emergency and also for grant purposes. A volunteer's time is worth over \$22 per hour. You are very important to us!

**Medical Conditions:** If you have a medical condition that may affect your ability to safely perform your volunteer job, please discuss this with the Instructor prior to entering the arena for the first time. Please be aware that some medications (such as allergy medications or muscle relaxers) may cause may cause drowsiness or interfere with your reaction times. If you are experiencing any side effects from medication that may hinder your ability to safely perform your volunteer duties, please notify your Instructor.

**Feeding the Horses:** Please ask for permission from the instructor if you would like the reward the horses with a treat.

**NO SMOKING ON THE PREMISES.**

## Statement of Confidentiality

APPLICANT understands that all information, both written and verbal, regarding clients and confidential business matters at HEALING WITH HORSES RANCH, shall be held in strict confidence at all times except as needed with the facility staff for therapy and/or business purposes. APPLICANT understands that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

## Liability Release

I/APPLICANT would like to volunteer at HEALING WITH HORSES RANCH (hereinafter "HHR"). I acknowledge the risks and potential for risks of horseback riding and horses in general. I understand that I/Applicant will be working with and around horses, as well as possibly riding the horses of HHR. However, I/Applicant feel that the possible benefits to myself/ Applicant are greater than the risk assumed. I, the undersigned APPLICANT and/or parent/guardian of APPLICANT, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against HHR, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which HHR operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in any way growing out of, the acts of HHR, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which HHR operates, its successors or assigns.

### **WARNING: TEXAS FARM ANIMAL LIABILITY ACT:**

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.**

## Acknowledgment and Agreement

*APPLICANT read, understands and agrees to follow the Rules and Regulations, Statement of Confidentiality, and Liability Release (including the Texas Farm Animal Liability Act) set forth above. APPLICANT (and Parent/ Guardian if applicable) certifies that all information on this application is true and complete to the best of his or her knowledge.*

Applicant: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Parent/Guardian: \_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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