

## Volunteer Application & Health History Form

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

Address: \_\_\_\_\_  
Street/Po Box City State Zip

Employer/School: \_\_\_\_\_

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

Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Best Time to Reach You \_\_\_\_\_

Parent/Legal Guardian Name and Address: \_\_\_\_\_

How did you learn about ATRC? \_\_\_\_\_

Previous volunteer experience with therapeutic riding \_\_\_\_\_

Previous horse experience \_\_\_\_\_

Previous experience working with people with disabilities \_\_\_\_\_

Can you walk for an hour and jog for short distances? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, please explain \_\_\_\_\_

Do you have any special education or talents that you may be able to share with us on a volunteer basis?  
(photography, sewing, grant writing, client in another language, OT, PT, etc.) \_\_\_\_\_

Please indicate two references, other than relatives, who can vouch for your character

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

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

E-Mail Address: \_\_\_\_\_

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

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

E-Mail Address: \_\_\_\_\_

### Background Information

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

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_

# Emergency Medical Treatment Authorization Form

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

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

Address: \_\_\_\_\_  
Street/Po Box City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

## In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that emergency medical aid/treatment is required due to illness or injury during center activities, or while on the property of the agency, I authorize Albany Therapeutic Riding Center to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant records upon request to authorizes individual or agency involved in the medical emergency treatment.

## Consent Plan

This authorization includes x-ray, surgery, hospitalization and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature \_\_\_\_\_ Date: \_\_\_\_\_

*(Legal guardian)*

# Volunteer Release Form & Confidentiality Agreement

## Release and Hold Harmless Agreement *Volunteer Liability Release*

As a volunteer at Albany Therapeutic Riding Center, I can acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself, and the clients I work with are greater than the risks assumed. I hereby, intend to be legally bound, for damages against Albany Therapeutic Riding Center, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or loss I may sustain while participating in Albany Therapeutic Riding Center.

Name of Participant: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Participant if over 18; or legal guardian)*

## Photo Release

I, \_\_\_\_\_  
*(Participant, if over 18; or legal guardian)*

**consent** to and authorize the use and reproduction by Albany Therapeutic Riding Center, and its representatives of any and all photographs and any other audiovisual materials take of me and/or my child for promotional material, educational activities, exhibitions of for any other use for the benefit of Albany therapeutic Riding Center, including use of the ATRC Facebook, Instagram, and website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Participant if over 18; or legal guardian)*

Print Name and Relationship \_\_\_\_\_

If you **DO NOT** consent to your photo or any audio/visual materials being taken, please check this box :

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at Albany Therapeutic Riding Center, program is confidential and will not be shared with anyone without the express written consent of the participants and his/her parent/guardian in the case of a minor

Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Participant if over 18; or legal guardian)*

# Ethics & Safety Standards

Albany Therapeutic Riding Center believes it is beneficial to our students to develop and foster a close knit, educated community. This can only be done in a safe and trusting environment. ATRC maintains high ethical standards in the services we provide. The ATRC Community (defined as: animals, staff, volunteers, visitors, participants and families) are expected to abide by these standards.

## Ethical Standards

- Respect participants privacy — on and off ATRC property
- Approach others with the attitude, “How can I assist you to succeed?”
- Be open-minded and empathetic to the whole ATRC community
- Positive talk to people and animals
- Be mindful of judgment and assumptions
- Create and support an environment that fosters teamwork, emphasizes quality, recognizes the participant and promotes learning
- Hold a high degree of integrity, by being honest and doing the right thing for our participants and horses
- Photos may only be taken with permission from ATRC staff

## Safety Standards

- Walk while on property
- Be gentle with the animals and people
- No fighting or abusive/aggressive actions
- No throwing objects
- No fires
- No smoking
- No weapons (guns, knives, etc.), alcohol, or illegal substances on the property
- Children must be supervised by an adult at all times
- No pets allowed on the property
- Respect “Off Limits”, “Authorized Personnel Only”, paddock and private residence areas

In signing this document, \_\_\_\_\_  
*(Participant if over 18; or legal guardian)*

I and/or my child agree(s) to abide by the Ethics and Safety Standards that are detailed above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant if over 18; or legal guardian)*

Print Name and Relationship \_\_\_\_\_