



## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Email \_\_\_\_\_

Home # \_\_\_\_\_ Business # \_\_\_\_\_ Cell # \_\_\_\_\_

School or Place of Employment \_\_\_\_\_

Are you: CPR Certified **yes/expires** \_\_\_\_\_ **no** \_\_\_ First Aid Certified **yes/expires** \_\_\_\_\_ **no** \_\_\_

Have you ever been convicted of a criminal offense? yes \_\_\_ no \_\_\_ If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_ Please explain: \_\_\_\_\_

The above information may be verified, and I give permission for inquiry to be made as to my suitability to act as a volunteer at PoVa.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## GENERAL INFORMATION

Please tell us about your special skills and talents that you would like to contribute to our program.

Horse Experience \_\_\_\_\_

Experience with Individuals with Special Needs \_\_\_\_\_

Education \_\_\_\_\_

Other \_\_\_\_\_ Sign Language fluent \_\_\_ proficient \_\_\_ no \_\_\_

I am interested in volunteering with PoVa in the following areas: (please check all that apply):

Leading in Lessons \_\_\_ Sidewalking in Lessons \_\_\_ Horse Care \_\_\_ Instructor-in-Training \_\_\_

Exercise Rider \_\_\_ Ranch Projects \_\_\_ Office Assistance \_\_\_ Newsletter Assistance \_\_\_

Grant Writing \_\_\_ Photographer \_\_\_ Videographer \_\_\_ Assist with Fundraising \_\_\_

Other: \_\_\_\_\_

I would like to commit to regular day(s) and time: \_\_\_\_\_

**(Our current teaching days are Tuesday, Wednesday and Thursday afternoons and Friday mornings.)**

In addition to my regular day/time I am willing to be an on-call volunteer: \_\_\_ yes \_\_\_ no

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



## HEALTH HISTORY

Are there any restrictions regarding your health history that would inhibit your ability to volunteer at PoVa Therapeutic Riding Center? Please describe below. Information will be kept confidential.

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Medications:

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I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

## CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at this PATH International Member Center is **confidential** and **will not be shared with anyone** without the expressed written consent of the participant and their parent/guardian in the case of a minor.

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

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## PHOTOGRAPHY/VIDEO RELEASE

I hereby consent to and irrevocably authorize the use and reproduction by **Poway Valley Therapeutic Riding Center, Inc. ("PoVa")** in all forms and media and in all manners, including any and all printed and electronic photographs or audiovisual materials or recordings ("**Materials**") taken of myself/ my son/ my daughter/ my ward for any and all purposes including without limitation publicity, illustration, advertising, promotion, instructional materials, books, and Web content, fundraising, or for any other use to promote or benefit **PoVa** or its programs. I authorize **PoVa**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I further agree that **PoVa** may use **Materials** of me/my son/my daughter/my ward with or without my name or biographical data and for any lawful purpose, with no compensation (present or future). I release **PoVa** and its subsidiaries, officers, directors, employees, representatives, agents, licensees, successors and assigns from all liability in connection with any use of those **Materials**. I represent that neither I nor my son/my daughter/my ward are professional models, nor will signing this release violate any other agreements that I have made for me or on their behalf. I understand that I may withdraw my consent to use **Materials**, but that my withdrawal shall apply only to Materials taken after the date of such withdrawal, and shall not apply to any **Materials** previously covered by this Release, which consent is irrevocable.

I have read, agree to and understand the above:

Program Participant: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

### Guardian's Consent

I am the parent or guardian of the minor named below, and have the legal authority to execute the above consent and release. I approve the foregoing and waive all rights.

Date: \_\_\_\_\_ Name of Minor: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_

### NON – CONSENT:

I do not consent to PoVa Therapeutic Riding Center using any photographs and or audio/visual materials of me/my son/my daughter/my ward.

Date: \_\_\_\_\_ Name of Minor: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Printed Name: \_\_\_\_\_



## AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency treatment/medical aid is required due to illness/injury during the process of volunteering at Poway Valley Therapeutic Riding Center (**PoVa**), or while being on the property of Carol Funk and Creek Road Ranch, I authorize **PoVa** to:

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

Volunteer's Name \_\_\_\_\_ Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_ Address \_\_\_\_\_

Health Ins. Co. (**Required**) \_\_\_\_\_ Policy #: \_\_\_\_\_ Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Allergies to Medications \_\_\_\_\_

### **Emergency contact:**

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

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

### **Consent Plan**

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by a physician. This provision will be invoked if the emergency contacts are unable to be reached.

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

Participant's Parent or Guardian (if under 18) \_\_\_\_\_ Print name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while volunteering at Poway Valley Therapeutic Riding Center (**PoVa**), or while being on the property of Carol Funk and Creek Road Ranch.

Parent or legal guardian will remain on site at all times.

In the event emergency treatment/aid is required, I request that the following procedure to be taken:

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

Participant's Parent or Guardian (if under 18) \_\_\_\_\_ Print name \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



## **VOLUNTEER POLICIES AND PROCEDURES**

Thank you for volunteering at PoVa. As you will quickly come to realize, we cannot run our program without the dedication and help of our volunteers. We greatly appreciate your assistance. We understand that situations arise where you will not be able to volunteer during your assigned time. We ask that you give us as much advance notice as possible so that we can schedule someone else to cover your shift.

**Weather:** Depending on weather conditions, PoVa may have to cancel lessons. If you suspect lessons may be cancelled, we ask that you please call PoVa (858-610-7697) or check our facebook page for lesson status.

**Attire:** All volunteers on the property must wear close-toed shoes (hiking/riding boots, tennis shoes, etc); shirts with sleeves; no bare midriffs; pants (jeans, riding breeches, etc), no shorts; no exposure of personnel undergarment

**Safety:** Safety is our *FIRST* priority. We ask the volunteers to follow and help enforce all program rules, which include, *but are not limited to*, the following:

- We are guests of Creek Road Ranch and Carol Funk. Please respect her privacy and property.
- **Please only visit the property during PoVa scheduled operations and with previous appointment.**
- All volunteers must have a completed, signed and dated current Volunteer Packet on file.
- All volunteers must be at least 14 years of age.
- All volunteers must complete a volunteer training program.
- Volunteers shall sign in and out whenever they volunteer at PoVa.
- No abusive, threatening, or violent behavior will be tolerated on these premises.
- Alcohol and illegal drug use is prohibited on grounds.
- Turn off cell phones and/or leave them in the car and please do not use cell phones during lessons.
- NO smoking or use of open flames is permitted on the premises by anyone affiliated with PoVa.
- For safety reasons, running or screaming is not acceptable on the premises.
- No gum chewing.
- No un-authorized use of program horses (riding, grazing, grooming). PoVa Staff member must be on site.
- **When mounted, all volunteers must wear an ASTM-approved helmet and use safety stirrups or wear hard soled shoes with heels.**
- Please do not handle or feed any horses unless directed by a staff member.
- Horse treats may be given to the horses only with permission of an instructor. Please never hand feed horses. All treats are to be fed from buckets.
- No dogs on the property unless they are certified assistance dogs and have been cleared by Ingrid Mourey.
- Report all accidents, injuries, or hazards to a staff member/instructor as soon as possible.

All volunteers must have the ability to multi-task and to work independently with little or no direct supervision. Horses can be unpredictable and volunteers need to be able to react in a timely and appropriate manner to insure the safety of themselves, others and the horse. Volunteers are asked to be aware of potential safety hazards and bring them to the attention of an instructor or a staff member.

**I have received, read and understand the detailed Policy Manual and the Policies & Procedures.**

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Printed Volunteer Name \_\_\_\_\_



## Volunteer - RELEASE AND HOLD HARMLESS AGREEMENT

**POWAY VALLEY THERAPEUTIC RIDING CENTER, INC. (PoVa)** provides therapeutic horseback riding for people with disabilities. Volunteers (“Volunteers”) will assist participants in the riding program. No Volunteer will be accepted for service until this form has been **READ, UNDERSTOOD, COMPLETED AND SIGNED** by the Volunteer and/or the parent(s) or guardian(s) of a minor Volunteer or by the Volunteer if of legal age and sound mind. The undersigned acknowledges the inherent risks involved in riding and working around horses, including possible bodily injury from riding or being in close proximity to horses, among other risks, and further understands that both horse and rider can be injured in training, competition or schooling. In order to provide this valuable service, **NO LIABILITY** can be accepted by the **PoVa** program or any of the organizations or persons connected with the above-named facility.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND COULD RESULT IN SERIOUS INJURY OR DEATH. I AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

**IN CONSIDERATION**, for the privilege of riding and/or working around horses at the **PoVa** program, the undersigned, as the Volunteer and/or as parent or guardian of a minor Volunteer participating in the program, jointly and severally do hereby release PoVA, Carol Funk (dba Creek Road Ranch), and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively “Releasees”) from any and all actions, claims, demands or causes of actions that I, the Volunteer or any of our respective assignees, heirs, distributees, guardians, next of kin, spouse or legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) any participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that the undersigned and the Volunteer, and our respective assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release. I further agree to hold harmless, defend and indemnify the Releasees and each of them from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including, but not limited to reasonable attorneys’ fees and court costs, which may be asserted against or suffered by any of the Releasees, on account any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor Volunteer, or the treatment thereof, arising as a result of, or in any way connected to, acts, omissions or incidents occurring at or relating to the **PoVa** program or any of the Releasees, including but not limited to their negligence in rendering services described above or in any way incidental thereto.

If signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Volunteer and that the Volunteer understood them.

The undersigned further agrees to use only those facilities of **Creek Road Ranch** set aside for the user by **PoVa**, and to stay away from the **Creek Road Ranch** horses and other property, unless accompanied by authorized **PoVa** personnel.

\_\_\_\_\_  
VOLUNTEER NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
RELATIONSHIP TO VOLUNTEER

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

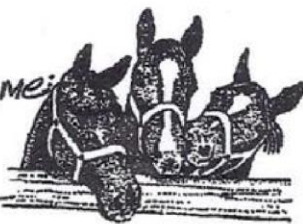
\_\_\_\_\_  
SIGNATURE: PARENT OR LEGAL GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE: VOLUNTEER (If applicable)

\_\_\_\_\_  
DATE

Horse's NAME: \_\_\_\_\_



# Creek Road Ranch

## WAIVER AGREEMENT AND RELEASE OF LIABILITY

PLEASE PRINT → I \_\_\_\_\_ (i.e. Jane Doe or if under 18 "John Doe for daughter Jane Doe") hereby acknowledge that I have voluntarily applied to participate in Equestrian Activities, on the premises of Carol Funk dba Creek Road Ranch.

I AM AWARE THAT PARTICIPATION IN SUCH EQUESTRIAN ACTIVITIES IS HAZARDOUS. I AM VOLUNTARILY PARTICIPATING OR CONSENTING FOR MY CHILD TO PARTICIPATE IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH. PLEASE INITIAL \_\_\_\_\_ ← \*

AS LAWFUL CONSIDERATION for being permitted by Carol Funk dba Creek Road Ranch to participate in these activities and use their facilities, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, attach the property of, or prosecute Carol Funk dba Creek Road Ranch for injury or damage resulting from the negligence or other acts, however caused, by and employee, agent, contractor or guest of Carol Funk dba Creek Road Ranch as a result of my participating in the aforesaid equestrian activities. In addition, I hereby release and discharge Carol Funk dba Creek Road Ranch from all actions, claims, or demands I, my heirs, distributees, guardians, legal representatives and assigns I may now have or may hereafter have for any injury or damage resulting from my participation in the aforesaid equestrian activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND Carol Funk dba Creek Road Ranch, AND SIGN IT OF MY OWN FREE WILL. PLEASE INITIAL \_\_\_\_\_ ← \*

Name \_\_\_\_\_ Signature \_\_\_\_\_

Address/City/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Dated \_\_\_\_\_ Witness \_\_\_\_\_

**Must be signed by parent or legal guardian of child under the age of 18**



# Volunteer Self-Assessment

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

Please rate yourself from 1 being no experience to 5 being very comfortable/a lot of experience:

How comfortable are you:	Very Comfortable. . . . .					No Experience
With horses in general	5	4	3	2	1	
Approaching a horse in the stall	5	4	3	2	1	
Haltering a horse	5	4	3	2	1	
Leading a horse on the property	5	4	3	2	1	
Grooming a horse	5	4	3	2	1	
Picking the horses' hooves	5	4	3	2	1	
Bathing a horse	5	4	3	2	1	
Blanketing or putting a fly mask on a horse	5	4	3	2	1	
Tacking up a horse						
English	5	4	3	2	1	
Western	5	4	3	2	1	
Leading a horse with a rider at the walk	5	4	3	2	1	
Leading a horse with a rider at the trot	5	4	3	2	1	
Sidewalking next to a horse at the walk	5	4	3	2	1	
Sidewalking next to a horse at the trot	5	4	3	2	1	
Exercising the horses in a round pen	5	4	3	2	1	
Working the horses on a lunge line	5	4	3	2	1	
Turning horses out	5	4	3	2	1	

Describe your experience with horses (ie... How often do you work with horses? What discipline do you ride? How many years have you worked around horses?)

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

How much experience do you have with people with disabilities?      5      4      3      2      1

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

Other info that may be valuable (skills, specialized training, limitations, restrictions, fears):

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

What is your preferred volunteer work at PoVa: \_\_\_\_\_