



## **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 (858-231-7889).

**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 **Poway Valley Stock Farm** set aside for the user by **PoVa**, and to stay away from the **Stock Farm** 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

**POWAY VALLEY STOCK FARM RELEASE FROM LIABILITY**

This RELEASE FROM LIABILITY is made and entered into by and between VISITOR/RIDER \_\_\_\_\_ and POWAY VALLEY STOCK FARM, and if Visitor/Rider is a minor, \_\_\_\_\_ as parent or legal guardian. In return for the use today, and on all future occasions, of property, facilities, and services, the Visitor/Rider, his/her heirs, assignees, and legal representatives, hereby expressly agree to the following.

1. Visitor/Rider is responsible for full and complete insurance coverage on his/her horse, personal property, and him/herself.
2. Visitor/Rider understand that there are inherent risks and dangers in and around equine activities – including though not limited to lessons, and that there is a risk of injury and damage to them personally, to their horse, and to their belongings. Knowing these facts, Visitor/Rider nevertheless, in consideration of the acceptance of this contract hereby on behalf of myself, my Heirs, Executors, and Administrators waive, release, discharge, and hold harmless Poway Valley Stock Farm, its Owners, Board of Directors, Officers and all Individual Members thereof and all other persons and organizations in any way connected with the events, property, boarding, lessons, or any other activity described therein.
3. **Visitor/Rider agrees to assume any and all risks involved in, or arising from, Visitor's/Rider's use of, or presence on, Poway Valley Stock Farm property and facilities** including, without limitation, but not limited to: the risks of death, bodily injury, property damage, galls, kicks, bites, collisions with vehicles, horses or stationary objects, fire, the unavailability of emergency assistance, or the negligence and/or deliberate neglect of any person(s).
4. Visitor/Rider agrees to hold Owner/Management and all successors, assignees, affiliates, officers, directors, employees, and agents completely harmless and not liable and releases them from ALL LIABILITY whatsoever and AGREES NOT TO SUE them on account of or in connections with any claims, causes of action, injuries, damages, costs or expenses arising out of Visitor's/Rider's use or presence upon Poway Valley Stock Farm property or facilities, including and without limitation, those based on death, bodily injury, property damage, including consequential damages.
5. Visitor/Rider agrees to waive the protection afforded by any statute or law in any jurisdiction (e.g. California Civil Code 1542) whose purpose, substance and / or effect is to provide that a general release shall not extend to claims, material or otherwise, which the person signing the release does not know or suspect to exist at the time of executing this release.
6. Visitor/Rider agrees to indemnify and defend Poway Valley Stock Farm against, and Hold Harmless from, any and all claims, causes of action, damages, judgements, costs or expenses, including attorney's fees, which arises from Visitor's/Rider's use of or presence upon, Poway Valley Stock Farm facility and property.
7. Visitor/Rider agrees to abide by all of Poway Valley Stock Farm rules and regulations, and will be responsible for using appropriate protective gear; I.e. hard hat and riding boots with a minimum of ½" heels.
8. If Rider is using Rider's horse, the horse shall be free from infection, contagious or transmissible diseases. Poway Valley Stock Farm reserves the right to refuse the horse's use on the facility if not in proper health or is deemed by Poway Valley Stock Farm Owner / Managers as dangerous or undesirable.
9. The contract is non-assignable and non-transferable and shall be enforced and interpreted under the laws of the state of California. Should any clause be in conflict with State Law, then that clause is null and void. When the Visitor/Rider (and Visitor's/Rider's parent or legal guardian, if such is a minor) sign this contract, it will then be binding, and subject to the above terms and conditions.

**I HAVE READ AND FULLY UNDERSTAND THE CONTENTS OF THIS RELEASE FROM LIABILITY CONTRACT. I FURTHER AGREE THAT I WILL DEFEND, INDEMNIFY AND HOLD HARMLESS POWAY VALLEY STOCK FARM, ITS OWNERS, OFFICERS, DIRECTORS, MEMBERS, AND AGENTS OR ANY OF THEM AGAINST ALL CLAIMS, DEMANDS, AND SAUCES OF ACTION, OR PRECEEDING BROUGHT BY OR PROSECUTED FOR MY BENEFIT CONTRARY TO THIS RELEASE EXTENDED TO ALL CLAIMS OF EVERY KIND OF NATURE WHAT-SO-EVER, WHETHER KNOW OR UNKNOWN AND EXPRESSLY WAIVE ANY AND ALL BENEFITS THAT I MAY HAVE UNDER SECTION 1542 OF THE CALIFORNIA CIVIL CODE RELATING TO THE RELEASE OF UNKNOWN CLAIMS.**

X \_\_\_\_\_  
Visitor's / Rider's Signature

X \_\_\_\_\_  
Visitor's / Rider's Parent or Guardian Signature

\_\_\_\_\_  
Address & Telephone Number of Visitor / Rider

\_\_\_\_\_  
Address & Telephone Number of Parent or Guardian

\_\_\_\_\_  
POVA  
Guest Of



## 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?)

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

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

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



