



Volunteer Application

Date ____/____/____

Volunteer _____ Date of Birth ____/____/____ Age ____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Email _____

If you are a college student, please provide a permanent address and phone number

In case of an emergency contact: 1. _____ Phone _____

2. _____ Phone _____

Liability Release

Volunteer's Name _____ would like to participate in Sunrise EquiTherapy, Inc. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself and the clients are greater than the risk assumed. I hereby, intending to legally bind, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Sunrise EquiTherapy, Inc. it's Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees as well as Board of Regents University of Nebraska, Gail Jensen, Matt Kleinschmit for any and all injuries and/or losses I may sustain while participating.

Signature of Volunteer* _____ Date ____/____/____

Signature of Parent or Guardian _____ Date ____/____/____

*If you are a volunteer under the age of 19, a parent or legal guardian must sign where indicated.

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Sunrise EquiTherapy, Inc. to:

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

Volunteer _____ Date of Birth ____/____/____ Age ____

Street Address _____ City _____ State _____ Zip _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____

In the event I cannot be reached, contact: 1. _____ Phone _____

2. _____ Phone _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician, this provision will only be involved if the person below is unable to be reached.

Consent Signature of Volunteer* _____ Date ____/____/____

Consent Signature of Parent or Guardian _____ Date ____/____/____

Print Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Non-Consent Plan

I do not give my consent for emergency medical treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Non-Consent Signature* _____ Date ____/____/____

Non-Consent Signature of Parent or Guardian _____ Date ____/____/____

Print Name _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Volunteer's Name _____ Phone _____

*If you are a volunteer under the age of 19, a parent or legal guardian must sign where indicated.

Release of Responsibility

Sunrise EquiTherapy, Inc. reserves the right to dismiss any volunteer with or without cause at the sole digression of the program director.

Signature of Volunteer* _____ Date ____/____/____

Confidentiality Agreement

The undersigned agrees to protect the confidentiality of all information regarding individuals who participate in the Sunrise EquiTherapy, Inc. riding program and understands that a breach of confidentiality will result in termination from the program.

Signature of Volunteer* _____ Date ____/____/____

Photo Release

I hereby consent to and authorize the use of reproduction by Sunrise EquiTherapy, Inc of any and all photographs and any other audiovisual materials taken of me and my son/daughter/my ward for promotional material, educational activities or for any other use for the benefit of the program.

Yes No Signature of Volunteer* _____ Date ____/____/____

*If you are a volunteer under the age of 19, a parent or legal guardian must sign where indicated.

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function and recent hospitalization/surgeries.

Allergies _____

Medications _____

Recent Medical Tests

Last Tetanus Shot ____/____/____ Last TB Test ____/____/____

Consult your physician or local health department if you are not up to date with your shots/tests.



Background Information

Have you ever been convicted of a crime? _____

If yes, please explain _____

Do you have a valid driver's license? _____

I, _____, (volunteer) authorize Sunrise EquiTherapy, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted state and federal law, pertaining to any convictions I may have had for violations of state or for the purpose of considering me as a volunteer and I expressly DO NOT authorize Sunrise EquiTherapy, Inc. it's directors, officers, employees, or other volunteers to disseminate the information in any way to any other individual, group, agency, organization, or corporation.

Signature of Volunteer _____ Date ____/____/____

Volunteer References

(No Relatives Please)

Reference #1

Name _____

Address _____ Phone _____

Reference #2

Name _____

Address _____ Phone _____

How did you learn about Sunrise EquiTherapy?

List your experiences with horses and working with riders/or special needs individuals.

What times are you available to volunteer? Please list days and times.

Do you work? _____ If so, where and when? _____

Please check areas you are interested in:

Program Volunteer

- | | |
|---|--|
| <input type="checkbox"/> Sidewalking with a client/rider | <input type="checkbox"/> Assist with weekend Day Camps |
| <input type="checkbox"/> Leading a Horse – Extensive horse experience/training required | <input type="checkbox"/> Assist with Lucky Boy Visits |

Fund-Raising

- | | |
|---|--|
| <input type="checkbox"/> Silent Auction (securing items) during the Annual Horse Show | <input type="checkbox"/> Grant writing |
| <input type="checkbox"/> Assist with exhibition at horse shows or fund-raisers | <input type="checkbox"/> Annual Charity Horse Show |

Administrative

- | | | |
|--|--|--|
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Budget and Finance | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning | <input type="checkbox"/> Recording Secretary |
| <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Corresponding Secretary | <input type="checkbox"/> Website Updates & Web Tools |
| <input type="checkbox"/> Photography / Video | | |