



Volunteer Application

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

Best Communication: Email _____ Text _____ Phone Call: _____

If under 18yrs old, Parent/Guardian/Caregiver's Name: _____

Parent/Guardian/Caregiver's Phone Number: _____

How did you hear about us?: _____

Emergency Contact's Name: _____ Phone number: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine- assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries that may impact your service: _____

Medications: _____

Allergies: _____

Some areas volunteers are needed:

Lesson Team (sidewalkers, horse leaders)

Stable & Facility Maintenance

Planning and Implementing Fundraisers

Social Media posts and promotion

Special Skills like graphic design, photography, carpentry, artwork, or editing.

Horse & Barn Care

Special Events

Grant Writing (finding/writing)

Advertising/Public Relations

**See the "Volunteer Availability" page at the end of this packet to tell us about your interests.*

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.

REQUIRED Signature of Volunteer or Parent/Guardian

Date



Photo Release: By engaging in activities at Stars and Strides Therapeutic Equine Center I understand that I/my child/my dependent may be photographed, filmed, or videotaped and I hereby give Stars and Strides Therapeutic Equine Center the unqualified right to take pictures and/or recordings of me/my child/my dependent and grant the perpetual right to use that likeness, video, image, photograph (collectively "image"), without compensation, for broadcast or exhibition in any medium and to put the finished images/recordings to any legitimate use without limitation or reservation. I hereby waive, release and forever discharge Stars and Strides Therapeutic Equine Center from and against any and all claims or actions arising out of, or resulting from any use of such image. Stars and Strides Therapeutic Equine Center shall not be obligated to use, and may elect not to use, any image.

Please check one of the boxes below to indicate your consent or non-consent of photo release.

Consent: Non-Consent:

Volunteer's Name (printed):

REQUIRED Signature of Volunteer or Parent/Guardian

Date

Confidentiality Policy: At Stars and Strides, we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc. In particular, medical information about clients and information about their disabilities and special needs must be protected as confidential information. I shall never disclose confidential information to anyone other than Stars and Strides staff. I must seek staff permission before taking any pictures or videos.

I have read and understand the Stars and Strides Confidentiality Policy and agree to abide by the same.

Volunteer's Name (printed):

REQUIRED Signature of Volunteer or Parent/Guardian

Date

Background Information

Have you ever been charged with, or convicted of a crime? Y or N If Yes, please explain:

I, _____ (volunteer/guardian), authorize Stars and Strides 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 by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to, convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize Stars and Strides, its directors, offices, employees, or other volunteers to disseminate this information in any way to other individuals, groups, agencies, organizations, or corporations.

Current Driver's License: Y or N License Number: _____ State: _____

REQUIRED Signature of Volunteer or Parent/Guardian

Date



RELEASE OF LIABILITY:

*Sunny Brook Farm
Stars and Strides Therapeutic Equine Center*

I understand that horseback riding and all activities related to horses and farms can be dangerous.

I understand that Sunny Brook Farm and Stars and Strides Therapeutic Equine Center nor any of its agents or operators can nor does it ensure against all possible risks of injury or loss connected with activities on its premises.

I understand that injuries can occur due to my own negligence, negligence of others, or through no fault of anyone due to the unpredictable nature of horses.

I VOLUNTARILY release Sunny Brook Farm and Stars and Strides Therapeutic Equine Center as well as any of its owners, principle agents, boarders, instructors, board members, volunteers, farm hands, operators, permissive agents, guest, family members or employees from any liability related to the claim of loss for accident, financial loss, physical loss, damage, death or injury occurring to myself, my minor child, my dependents, pets, horses, or any of my personal property while on the premises.

I agree to indemnify and HOLD HARMLESS all of the entities and individuals listed or implied above.

By signing below to this agreement, I hereby waive to the full extent permitted by law, any claim in law or in equity, which I, or another on my behalf, may have otherwise asserted against all the above entities listed and implied.

I fully understand the consequences of the HOLD HARMLESS agreement and I am signing the same knowingly and willingly.

I understand that under West Virginia Law each person engaged in recreational equestrian activities shall assume all risk and responsibility for an injury to his/her person or property arising out of hazards that are inherent and understood in equestrian sports.

WARNING: UNDER WEST VIRGINIA LAW, EACH PARTICIPANT IN AN EQUESTRIAN ACTIVITY EXPRESSLY ASSUMES THE RISK AND LEGAL RESPONSIBILITY FOR ANY INJURY, LOSS OR DAMAGE TO PERSON OR PROPERTY WHICH RESULTS FROM PARTICIPATION IN AN EQUESTRIAN ACTIVITY PURSUANT TO WEST VIRGINIA CODE § 20-4-1 to 7, 2001).

I acknowledge involvement with horses is a high-risk activity. I have read this agreement and fully understand its content.

Participant's Name (printed):

REQUIRED Signature of Participant or
Parent/Guardian of Dependent Participant

Date



Volunteer Availability

Name: _____ Phone Number: _____

What days are you available? (Please circle all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Monday</td> <td style="width: 25%;">Wednesday</td> <td style="width: 25%;">Friday</td> <td style="width: 25%;">Sunday</td> </tr> <tr> <td>Tuesday</td> <td>Thursday</td> <td>Saturday</td> <td></td> </tr> </table>	Monday	Wednesday	Friday	Sunday	Tuesday	Thursday	Saturday							
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Tuesday	Thursday	Saturday													
Time of Day Available: (Please circle all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">8am to 11am</td> <td style="width: 50%;">2pm to 4pm</td> </tr> <tr> <td>11am to 2pm</td> <td>4pm to 6pm</td> </tr> <tr> <td colspan="2">As Needed or On-call basis</td> </tr> <tr> <td colspan="2">Other (please specify):</td> </tr> </table>	8am to 11am	2pm to 4pm	11am to 2pm	4pm to 6pm	As Needed or On-call basis		Other (please specify):							
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Other (please specify):															
Positions Interested in: (Please circle all that apply)	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Horse & Barn Care</td> <td style="width: 50%;">Event Planning</td> </tr> <tr> <td>Horse Leader/Sidewalker</td> <td>Special Events</td> </tr> <tr> <td>Fundraising</td> <td>Grant Writing</td> </tr> <tr> <td>Marketing/PR</td> <td>Advertising/Public Relations</td> </tr> <tr> <td>Social Media</td> <td>Stable & Facility Maintenance</td> </tr> <tr> <td colspan="2">Special Skills - i.e., graphic design, photography, carpentry, artwork, etc.</td> </tr> <tr> <td colspan="2">Other (please specify):</td> </tr> </table>	Horse & Barn Care	Event Planning	Horse Leader/Sidewalker	Special Events	Fundraising	Grant Writing	Marketing/PR	Advertising/Public Relations	Social Media	Stable & Facility Maintenance	Special Skills - i.e., graphic design, photography, carpentry, artwork, etc.		Other (please specify):	
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Special Skills - i.e., graphic design, photography, carpentry, artwork, etc.															
Other (please specify):															
Pertinent Experience (i.e., horse owner, previous riding instructor, worked with folks with disabilities in the past, etc.)															

Do you have any other special skills that you would like to use at Stars and Strides? _____

REQUIRED Signature of Volunteer or Parent/Guardian _____
 Date