



Healing With Horses

**JHTRA VOLUNTEER FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing: Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ How many years have you been a volunteer for JHTRA? \_\_\_\_\_

Parent/Guardian (if applicable, under 18 years of age) \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ Are you certified in First Aid? \_\_\_\_\_ How did you learn about JHTRA? \_\_\_\_\_

Do you possess any **special skills** that would benefit JHTRA? Examples: Ferrier, photographer, fundraiser, computer expert, etc.?

**Mark your interests as a volunteer:**

- Administration (assist with mailings, publications and office work)
- Facility Maintenance (muck stalls, carpentry work and help with outdoor jobs)
- Lesson Horse-leader (help groom, provide a warm-up for the horse prior to the lesson and lead the horse during the lesson)
- Lesson Side-walker (groom the horse prior to the lesson and assist the rider during the lesson as a spotter)
- Special Events (help with horseshows, Special Olympics, and local parades)
- Other: \_\_\_\_\_

*We will do our best to honor your preferences.*

**Volunteer Liability Release**

As a volunteer for Jackson Hole Therapeutic Riding Association, I acknowledge the risks and potential for risks of a horseback riding program. However, I believe that possible benefits to the clients I work with and myself are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against JHTRA, its board of directors, executive director, instructors, therapists, volunteers and/or employee for any and all injuries and/or losses I may sustain while participating in Jackson Hole Therapeutic Riding.

Under Wyoming Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to W.S 1-1-126.

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(If under 18yrs old, parent or legal guardian must sign)

**Photo Release**

I consent to and authorize the use and reproduction by JHTRA of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
(If under 18yrs old, parent or legal guardian must sign)

\_\_\_\_\_ I DO NOT give my consent

## **Background Information**

Have you ever been charged with or convicted of a crime? Y N

Please explain \_\_\_\_\_

I, \_\_\_\_\_ (name), authorize Jackson Hole Therapeutic Riding Association 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 a volunteer, and I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

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

Current Driver's License: Y N License Number \_\_\_\_\_ State: \_\_\_\_\_

## **Authorization for Emergency Medical Treatment**

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

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

Physician's Name: \_\_\_\_\_ Preferred 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 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 Jackson Hole Therapeutic Riding Association 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.

### **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 invoked if the person(s) above is unable to be reached.

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

(If under 18yrs old, parent or legal guardian must sign)

### **Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the Event emergency treatment/aid is required, I wish the following procedure to take place

Date: \_\_\_\_\_ Consent signature: \_\_\_\_\_

(If under 18yrs old, parent or guardian must sign)

### **Are there any other physical or medical issues that may impede your volunteering skills for JHTRA?**

Examples may include a knee replacement that restricts your ability to run along with a trotting horse or a sore shoulder that inhibits your range of motion. By sharing this information you allow the Volunteer Coordinator to place you in a class that suits your needs and the safety needs of the rider.

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

## **Volunteer Confidentiality Statement**

Volunteers are a valuable part of the Jackson Hole Therapeutic Riding Association. (JHTRA) This document confirms that I am recognized as a volunteer of JHTRA which exists to provide quality recreation and therapy services, in a safe environment. This document is in compliance with the provisions of RSA 508.12, the volunteer immunity law.

As a volunteer of JHTRA, I have completed available and appropriate training. I understand and agree that in the performance of my duties as a volunteer, I must hold personal and medical information regarding riders/families confidential. Patient issues may be discussed with the JHTRA Volunteer Coordinator, Director, and Instructors, or the Physical or Occupational Therapist directly associated with the JHTRA volunteer support meetings.

I will endeavor to keep my standards of conduct high in order to uphold the quality of the JHTRA program.

Signature

Witness

Date

*\*JHTRA staff encourages you as a volunteer to ask questions and inquire about any method of therapy we use, disabilities that you encounter, or any other query that arises from volunteering at JHTRA. We will do our best to answer all questions to the best of our ability.*

## **Volunteer Code of Conduct**

Volunteers under 18 years of age require a signature from a parent or a legal guardian.

By signing this agreement, I, \_\_\_\_\_, agree to the following:  
(Please print volunteer's name)

- I understand that the goal of volunteering is to engage and educate the public, and my attitudes and actions should always further that goal.
- I agree to work my entire volunteer shift as scheduled, to conduct myself in an appropriate manner, to dress in attire that follows the volunteer dress code, to follow safety procedures, and to be prepared for my shift.
- I understand that if I cannot make a volunteer shift (or any part of a shift), it is important to notify the Volunteer Coordinator ahead of time by calling the office at 307-733-1374
- During my scheduled volunteer shift, I agree to follow directions given by staff, and understand that while I am at the riding center my focus should be on the client/horse/duties assigned to me.
- I understand that I am responsible for reviewing all materials given to me at orientation and trainings.
- I know that I represent JHTRA, and I promise not to engage in any activity that may cause harm to the organization, others or me.
- I understand that failing to observe the above pledges will result in further action and can result in my dismissal from the volunteer program.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature of approval (if volunteer is under 18 years old)

\_\_\_\_\_  
Parent/guardian phone number



**NARHA PHOTO RELEASE FORM**

I hereby consent to and authorize the use and reproduction, by the North American Riding for the Handicapped Association, of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, and exhibitions or for any other use for the benefit of NARHA and therapeutic riding.

\_\_\_\_\_  
*Signature (Parent guardian signature if person in photo is age 17 or younger)      Date*

\_\_\_\_\_  
*Printed name of signer*

\_\_\_\_\_  
*Relationship to person in photo*

\_\_\_\_\_  
*Printed name of person in photo*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*zip code*

(\_\_\_\_\_) \_\_\_\_\_  
*Day Phone*

\_\_\_\_\_  
*Email*

**This form must be completed for each person shown in every photo submitted to NARHA.**

North American Riding for the Handicapped Association  
P.O. Box 33150, Denver, CO 80233  
1-800-369-RIDE (4610)