



"Healing With Horses"
JHTRA VOLUNTEER FORM

Name _____ Date _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____ Cell _____

Email: _____

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

Are you certified in CPR and/or First Aid? _____

How did you learn about JHTRA? _____

Are there any **special skills** that you possess that would benefit JHTRA? Ex: Ferrier, photography, fundraiser, computer expert

Check which areas you are interested in:

Lesson Volunteer [horse leading, sidewalking, spotting, grooming]

Administration [mailings, assisting with publications, office work]

Special Events [horseshows, Special Olympics, parades]

Facility Maintenance [mucking stalls, carpentry, handy work]

Other: _____

Volunteer Liability Release

As a volunteer at Jackson Hole Therapeutic Riding Association, I acknowledge the risks and potential for risks of horse back riding program. However, I feel that possible benefits to myself and clients I work with 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, 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 reasons that may impede your volunteering skills for JHTRA:

ex: knee replacement cannot run along with a trotting horse for too long or bad right shoulder cannot do a sidewalk thigh hold from the right. [This information is only for the volunteer coordinator to match you correctly in classes that suit your needs and the needs of the rider, keeping safety the priority.]

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 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 in the appropriate manner.*

Volunteer Code of Conduct

Note: volunteers under 18 years of age need the signature of a parent or a legal guardian at the bottom of this form.

By signing this agreement, I, _____,
(Please print volunteer's name)

agree to the following:

- 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 myself.
- 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

