

APPLICATION FOR VOLUNTEERS



NAME: _____ **Date of Birth** _____
ADDRESS: _____ (Minimum age is 14)

PHONE(S): _____
DATE: _____
E-MAIL: _____

Briefly State your knowledge of this program:

Volunteering experience, if any?

Horse knowledge or experience? (Helpful but not necessary)

How were you referred to our program?

Please mark your current schedule of existing commitments (using "X" to show times NOT available):

<i>Mon.</i>		<i>am/pm</i>	
<i>Tues.</i>		<i>am/pm</i>	
<i>Wed.</i>		<i>am/pm</i>	
<i>Thurs.</i>		<i>am/pm</i>	
<i>Fri.</i>		<i>am/pm</i>	
<i>Sat.</i>		<i>am/pm</i>	

What type of volunteering interests you? Please place an "X" next to all categories that interest you.

<input type="checkbox"/> Working with the Rider	<input type="checkbox"/> Fundraiser Events	_____
<input type="checkbox"/> Work with the Horses	<input type="checkbox"/> Work From Home Projects	_____
<input type="checkbox"/> Barn Work	<input type="checkbox"/> Administrative Assistance	_____
<input type="checkbox"/> Ambassador/ Outreach Events	<input type="checkbox"/> Board of Directors Assistance	_____

Personal Reference:

Name: _____

Address: _____

Phone: _____

E-mail: _____

Personal Reference:

Name: _____

Address: _____

Phone: _____

E-mail: _____

What kind of time commitment are you looking to make with us:

2-3 Months _____

3-6 Months _____

6+ Months _____

Volunteer Signature: _____ **Date:** _____

Parent/Guardian Signature (of minor): _____ **Date:** _____

Courtesy Note: A \$10 background check expense is required for all persons 18 years of age or older.



**Healing
Reins**
TherapeuticRidingCenter

Volunteer Release Form

On behalf of myself _____, and/or _____, a minor child, I recognize that horseback riding is an inherently dangerous activity that can result in injury or death.

I hereby assume all risk in connection with being on or around horses at FAITH RUN FARMS EQUESTRIAN CENTER/HEALING REINS THERAPEUTIC RIDING CENTER in Bend, Oregon (“premises”) and agree to release, defend, hold harmless and indemnify FAITH RUN FARMS/HEALING REINS, its officers, directors, employees, staff and agents, licensees and invitees from all claims, damages, liabilities of judgments (including costs and expenses incurred in connection therewith) arising from injury, death, or damage to any person or property whatsoever arising out of or in connection with my or my minor child’s use and occupancy of the premises and its facilities, whether or not the death, injury or damage is caused, in whole or in part, by the act, neglect, fault of, or omission of any duty by me or my minor child.

Date _____

Signature _____

Print Name _____

PHOTO RELEASE

I consent to and authorize the use and reproduction by Healing Reins 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.

Volunteer Signature _____

Date: _____



**Healing
Reins**
TherapeuticRidingCenter

HEALING REINS THERAPEUTIC RIDING CENTER Pre-Employment or Volunteer Authorization Form

The undersigned consents to have P.I.V. obtain any and all information concerning previous employment, obligations and all other matters which may be required in connection with their pre-employment or volunteer screening process. The undersigned consents to any other background check, including, but not limited to: criminal checks, credit reviews and driving records (MVR).

P.I.V. does not guarantee the accuracy of information received from various sources, which may contain errors and omissions. P.I.V. provides NO WARRANTY AS TO THE MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE FOR ANY INFORMATION. Original records may differ from computer entries. P.I.V. shall not be liable for any direct, indirect, incidental, or consequential damages caused by mistakes, omissions, deletions, error, or defects in any information provided by other sources.

P.I.V. shall provide a copy of the information received to the prospective employer. If the undersigned believes that any of the information provided is incorrect, the undersigned must notify P.I.V. within fourteen (14) days in order to allow P.I.V. to re-verify the information and provide a copy of the notice to the prospective employer. Questions regarding the pre-employment or volunteer checks should be directed to P.I.V. at (541) 548-5306 or via mail at Post Office Box 1913, Redmond, OR 97756.

Name: _____ Date of Birth: _____ Sex: _____
(Last/ First/ Middle)

List Other Names Previously Used *(including maiden name)*: _____
Oregon Driver License/Ident. Card Number: State Issued: _____

1. **Have you been convicted of a sex-related crime in the last 10 years?** [] Yes [] No
If yes, please provide the state where the conviction is recorded: _____
2. **Have you been convicted of a crime involving violence or threat of violence in the last 10 years?** [] Yes [] No
If yes, please provide the state where the conviction is recorded: _____
3. **Have you been convicted of a crime involving drugs or alcohol in the last 10 years?** [] Yes [] No
If yes, please provide the state where the conviction is recorded: _____
4. **Have you been convicted of a crime except a minor traffic violation in the last 10 years?**..... [] Yes [] No
If yes, please provide the state where the conviction is recorded: _____
5. **Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?** [] Yes [] No
If yes, please explain: _____
6. **Please list all states that you have resided in during the last 10 years** _____

I hereby grant the company, P.I.V., permission to check civil and/or criminal records to verify any statements made on this form.

Applicant's Signature: _____ **Date:** _____

Regardless of whether the applicant grants consent, P.I.V. will conduct a criminal offender record check of the applicant. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights laws. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, OR 97232, telephone (503) 731-4075.

I acknowledge receipt of this notice

Applicant's Signature: _____ **Date:** _____



Volunteer Authorization For Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering or while being on the property of the agency, I authorize Healing Reins to secure and retain medical treatment and transportation if needed, as given in writing below:

Volunteer's Name _____ Phone _____
Address: _____
Emergency Contact: _____ Phone: _____
Physician's Name _____
Preferred Medical Facility: _____
Health Insurance Co: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment for condition deemed "life threatening" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____

Volunteer, Parent or Guardian

Contact Name: _____ Phone: _____

Address: _____

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 volunteering or while being on the property of the agency. In the event emergency medical treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Volunteer, Parent or Guardian



Healing Reins Therapeutic Riding Center
Confidentiality Policy

Healing Reins Therapeutic Riding Center shall preserve the right of confidentiality for all individuals in its program.

Anyone who works or volunteers for, or provides services to Healing Reins Therapeutic Riding Center will be bound by this policy. This includes but is not limited to:

- Full and part-time staff
- Independent contractors
- Temporary employees
- Volunteers
- Board Members

1. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.
2. The staff will not disclose information to outside agencies or individuals without specific written consent of the rider or parent/guardian.
3. The volunteer will keep confidential all information about rider, family, parent/guardian.

In the case of a breach of this confidentiality the staff or volunteer will be reprimanded. If this occurs again, the staff/volunteer will be terminated.

I understand and observe the above confidentiality policy of Healing Reins Therapeutic Riding Center.

Name: _____ Date: _____

**HOLD HARMLESS/RELEASE
FAITH RUN FARMS**

1. I agree to comply with all posted barn rules at Faith Run Farms, LLC.
2. I fully understand and assume the risks inherent in equine activities, including handling, transporting, training, riding, showing, jumping, grooming, and boarding horses. Those risks include injury or death to persons and horse, and damage to property.
3. (a) I agree to release and hold harmless the Released Parties, and I promise not to sue them in connection with the following: any and all Damages that result or arise in whole or in part from (1) any equine activities, (2) the performance of services by the Released Parties, (3) any use of the Released Parties' premises, facilities or equipment by me or my family or guests, and/or (4) any failure on my part to abide by any terms of this document. To the maximum extent permitted by law, (i) this provision applies whether or not the Damages result directly or indirectly from any negligent acts or omissions of the Released Parties, and (ii) ALL IMPLIED WARRANTIES, INCLUDING FITNESS, MERCHANTABILITY OR OTHERWISE, ARE HEREBY EXCLUDED.
(b) The "Released Parties" are Faith Run Farms, LLC, Owners, Trainers and their agents.
(c) "Damages" are damages, costs, liabilities, expenses, claims related to or involving (i) injury or death to persons or horses, or (ii) loss of, damage to property.
4. I agree to pay the Released Parties' attorney fees and costs, to the extent that the Released Parties prevail in any action or proceeding arising from or related to this document.
5. If any provision or term of this document is held to be invalid or unenforceable, the remaining provisions and terms shall remain in effect and be enforceable.
6. All provisions of this document apply to and are binding on me, my minor children and persons for whom I act as guardian if they are listed below, and our heirs, assignees and next of kin.

Name of Adult: _____
(please print)

Address: _____

City: _____

Zip: _____

Signature of Adult: _____

Date: _____

Signed on behalf of the following minors: _____

