



# REGULAR VOLUNTEER APPLICATION

5870 W 10400 N  
Highland, UT 84003  
801.756.8900

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_

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

Preferred Phone # \_\_\_\_\_ OK, to text this number? Yes No

\*Please include a clearly written email address if at all possible. We like to be able to send you scheduling needs, barn updates and events

**LIABILITY RELEASE** I acknowledge the risks and potential risks of horseback riding and working with horses. However, I feel that the possible benefits to me are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heir and assign, executors or administrators, waive and release forever all claims for damages against COURAGE REINS, INC., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a COURAGE REINS volunteer.

**PHOTO RELEASE**

- I hereby grant Courage Reins the right and permission to publish & display all photographs, slides and visually recorded images in which I appear in whole or part.
- I hereby waive any right that I may have to inspect and/or approve the finished product or editorial layout that may be used in connection therein.
- The photography will only be used by Courage Reins for the sole purpose of promoting the mission of the center for those with disabilities and/or special needs.

**POLICY OF CONFIDENTIALITY** Confidentiality is defined as "told in secret or private relations: trusted". Any information in regards to the participants (clients) at COURAGE REINS must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand COURAGE REINS' Policy of Confidentiality" and agree to abide by same.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

(If volunteer is under 18 years of age, **both** signatures are needed)

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In case of emergency, contact: \_\_\_\_\_ Phone \_\_\_\_\_  
Or \_\_\_\_\_ Phone \_\_\_\_\_

**CONSENT PLAN** (to be invoked in the event that your Emergency Contact cannot be reached) I give consent for emergency medical treatment/aid (including x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician in the event of illness or injury while on the property or in attendance to a COURAGE REINS off site activity.

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

(Parent or Guardian, if volunteer is under 18 years of age)

**PRE-EXISTING CONDITIONS**

Are there any pre-existing conditions which might limit your ability to perform duties requiring, but not limited to, an ability to be attentive to conditions which present a danger, following directions, a history of dizziness or seizures, heavy lifting, walking and/or running on uneven surfaces, extremes of heat and/or cold.

\_\_\_\_\_ NO \_\_\_\_\_ YES, details please \_\_\_\_\_

**EXPERIENCE WITH HORSES OR THOSE WITH DISABILITIES** \_\_\_\_\_

area below for office use only

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File \_\_\_\_\_ Dbase \_\_\_\_\_ Access \_\_\_\_\_ Cert Sheet \_\_\_\_\_ Badge \_\_\_\_\_

**GENERAL INFORMATION**

Have you ever been convicted of a criminal offense? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, when? \_\_\_\_\_ Where \_\_\_\_\_

Please Explain: \_\_\_\_\_  
(having problems doesn't necessarily mean you are eliminated from consideration)

How did you find out about us? \_\_\_\_\_

**BASIC SAFETY and the CERTIFICATION PROGRAM**

Safety is the first consideration. All decisions should be made thinking about safety first. If you ever, as a volunteer, asked to do something and feel uncomfortable or fearful, then please don't do it! Go back to the staff member making the assignment and let them know your feelings. You will be given more senior people to help you or the assignment might be more appropriate for a paid staff member. We never want you in a dangerous situation or placed in a position to handle something outside of your experience or training. It is VERY "OK" to say no to an assignment beyond your ability.

Anyone coming to the Center as a volunteer, regardless of prior horse experience, will be asked to participate in our VOLUNTEER CERTIFICATION PROGRAM. Before becoming involved in the riding or horse care aspects of the program you will need to be instructed how to do everything that is being asked of you. Then you will need to demonstrate your competency in performing each of the tasks or skills being asked of you. Be patient some of the skills will take time.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

(If volunteer is under 18 years of age, **both** signatures are needed)