

Faith Equestrian Therapeutic Center

Volunteer information form

Date of application: _____

Name: _____ HomePhone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer/School: _____ WorkPhone: _____

Date of Birth: : _____ age: _____ Religious Affiliation _____

Parent/Legal Guardian Name: _____ Phone: _____

How did you learn about Faith Equestrian ? _____

Email address (we communicate via email): _____

Can you walk for 40 minutes and jog for short distances? _____

Given a chance to change sides frequently, can you hold your arm at shoulder height and support a modest weight? _____

Are you comfortable working around horses/ponies? _____

What experience (helpful but not necessary) do you have with horses? _____

FETC IS CLOSED ON SUNDAYS

VOLUNTEER PLEDGE

As a volunteer at FETC, I agree to follow the rules and guidelines in this or any following editions of the FETC volunteer handbook. I have read or have had the Volunteer Handbook explained to me, and I will keep the current edition for reference. I will attend continuing education training/volunteer classes once a year(or more often if required by FETC) throughout my volunteer service. I understand that violating the rules and guidelines at FETC may result in my dismissal from the program. If my contact information changes, I will notify the volunteer coordinator as soon as possible.

I understand that the staff at FETC , including instructors and administrators, are in control of the activities that I participate in, and I will follow their direction. I understand that from time to time the guidelines or rules may change and that it is the responsibility of the FETC staff to inform me of those changes in a timely manner.

Name: _____ (Please print legibly)

Signature: _____

For minor or ward: _____ (Please print legibly)

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WHAT HOURS and DAYS ARE YOU AVAILABLE?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7 AM							
8 AM							
9 AM							
10 AM							
11 AM							
12 PM							
1 PM							
2 PM							
3 PM							
4 PM							
5 PM							
6 PM							
Other							

Check which activities you are interested in:



<input type="checkbox"/>	HORSE LEADER	<input type="checkbox"/>	DATA ENTRY	<input type="checkbox"/>	VOLUNTEER COORDINATION
<input type="checkbox"/>	SIDEWALKER	<input type="checkbox"/>	LANDSCAPING/ FLOWERS	<input type="checkbox"/>	BOARD OF DIRECTORS
<input type="checkbox"/>	STABLE HELP/CLEANING TACK	<input type="checkbox"/>	FUND RAISING/ EVENT PLANNING	<input type="checkbox"/>	INSTRUCTOR**
<input type="checkbox"/>	OFFICE CLEANING	<input type="checkbox"/>	PUBLICITY/MARKETING	<input type="checkbox"/>	NEWSLETTER
<input type="checkbox"/>	HORSE SHOW	<input type="checkbox"/>	TELEPHONE CALLS	<input type="checkbox"/>	PHOTOGRAPHY/VIDEO

**For more information see Director for requirements

Please note any special skills you want us to know about that could further our mission:

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HEALTH HISTORY

Recent medical tests:

Date of last tetanus shot _____

Tuberculosis Test + -- (circle one)

(Consult your physician or local health department if you are not up to date with these shots /tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

CONFIDENTIALITY POLICY

I acknowledge that all FETC riders & their families have a right to privacy that gives them control over the dissemination of medical & other sensitive information. I agree to keep confidential all such medical, social & personal information.

Date: _____ Signature: _____

WARNING

UNDER GA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF GA

I have read the above warning and understand the risk of equine activities.

Date: _____ Signature: _____

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Volunteer's Name: _____

Allergies: _____ Medications: _____

In Case of Emergency

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Address: _____

Physician: _____ Phone: _____

Hospital/Town: _____

In case of emergency, I give permission to Faith Equestrian Therapeutic Center to secure medical treatment including x-rays, surgery, hospitalization and medication.

Date: _____ Signature: _____

Photo Release

I consent to and authorize the use and reproduction by Faith Equestrian Therapeutic Center 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 this program.

Date: _____ Signature: _____

Volunteer Liability Release

As a volunteer at Faith Equestrian Therapeutic Center, I acknowledge the risks and potential for risk of a horseback riding program. However, I feel that the possible benefits to myself and to the clients with which I work are greater than the risk 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 Faith Equestrian Therapeutic Center, its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating at the Faith Equestrian Therapeutic Center. I further release FETC for any actions of its Board of Directors, instructors, therapists, volunteers and/or employees occurring outside the scope of the program itself, including but not limited to transportation, care giving, horse exercising, etc.

I also assume the risks and agree to release and hold harmless the Twin Pines Farm, Veronica (Bonnie) Rachael and her heirs from any liability for injuries to me/my child while at the Twin Pines Farm.

Date: _____ Signature: _____

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Volunteer, Parent or Guardian

BACKGROUND INFORMATION: Have you ever been charged with, or convicted of a crime, including sex-related or child-abuse related offenses? Yes____ No____

If yes, please explain_____

CURRENT DRIVERS LICENSE: Yes____No____

LICENSE#_____STATE: _____

I hereby authorize Faith Equestrian Therapeutic Center 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. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any; way to any other individual, group agency, organization or corporation.

Date: _____ Signature: _____

I declare that the information provided above is accurate to the best of my knowledge. I know of no reason I should not participate in this operating center's program. I understand the responsibilities listed in the job description and agree to fulfill those responsibilities. I also understand that occasionally, due to unforeseen circumstances, I may be called upon to fulfill the responsibilities of other positions within the program.

Volunteers are encouraged to promote Faith Equestrian Therapeutic Center in the community. However, I understand that no volunteer may represent, commit or obligate Faith Equestrian Therapeutic Center without the express permission of the Executive Director/Program Director or other individual as designated by the BOD.

Date: _____ Signature: _____