

Faith Equestrian Therapeutic Center
Volunteer Information Form
Address: 243 Appaloosa Way, Guyton, Ga. 31312
Email: volunteer.fetc@gmail.com
Phone: 912-728-3728

Office Use Only
Called: _____
Orientation: _____
In email: _____

Date of application: _____

Name: _____ Phone: _____ Text: Y N Date of Birth: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Employer/School: _____ Work Phone: _____

Parent/Legal Guardian Name (if minor): _____ 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? Y N

Are you comfortable working around horses/ponies? _____

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

HEALTH HISTORY

Recent medical tests: Date of last tetanus shot _____

Allergies: _____

Medications: _____

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:

EMERGENCY INFORMATION

In case of Emergency Contact Name: _____ Home Phone: _____

Contact Work Phone: _____ Contact Address: _____

Volunteer's Physician Name: _____ 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.

Signature: _____ Date: _____

Background Information
(Volunteer, Parent or Guardian if minor)

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: _____

Signature: _____ Date: _____

Current Driver License: # _____ State Issued: _____ or NA _____

I hereby authorize Faith Equestrian Therapeutic Center to receive information from any law enforcement agency, including police 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.

Signature: _____ Date: _____

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, is 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)

DISCHARGE POLICY

Unfortunately, volunteering at a Therapeutic Riding Center is not an appropriate activity for everybody and we occasionally have to decline or discontinue services to those who do not follow and respect the policies at FETC. If a volunteer does not abide by the Volunteer Handbook and/or Center Policy as outlined in the Handbook and supporting documentation, that volunteer will be excused from volunteering at Faith Equestrian Therapeutic Center. Instances may involve continual inappropriate attire, unsafe behaviors that jeopardize self and others, inappropriate language and actions, misuse of center property and horses, disrespect of riders and/or staff, betrayal of center confidential information as well as continual disregard for authority. These are only examples and not to be considered a complete list of offenses that would constitute a discharge/dismissal from FETC.

Signature: _____ Date: _____

Confidentiality Policy

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

Signature: _____
_____ Date: _____

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, and exhibitions or for any other use for the benefit of this program.

- I do consent
- I do NOT consent

Signature: _____

Date: _____

VOLUNTEER LIABILITY RELEASE

As a volunteer at Faith Equestrian Therapeutic Center, I acknowledge the risks and potential for risk of horseback riding program. However, I feel that the possible benefits to me and 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 of 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 understand that 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.

BOTH date and signature MUST be completed.

Signature: _____ Date: _____

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 while at the Twin Pines Farm.

Signature: _____ Date: _____

I declare that the information provided above is accurate to the best of 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 circumstance, 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 Board of Directors.

Signature: _____ Date: _____

Availability

Note: FETC is closed on Sundays, except for volunteers who come to feed and clean the barn, which usually starts around 6:30.

Volunteer Name: _____

	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							
7 pm							
Other							

Check which activities you are interested in:

<input type="checkbox"/>	Horse Leader	<input type="checkbox"/>	Data Entry	<input type="checkbox"/>	Volunteer Coordinator
<input type="checkbox"/>	Side Walker	<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 Directory for Requirements

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