Volunteer Registration Check List

All of the forms listed below are required to be completed, checked, signed and dated as indicated prior to the start of volunteer participation.

To be completed by volunteer, parent or caregiver

1. Staff/Volunteer Application
2. Photo and Video, Liability and Confidentiality release
3. Authorization for Emergency Treatment Form
4. General Information, Letter of Appreciation, Driver's License/ID Card Copy

Name:_____ D.O.B._____ Age_____
Height_____'_____" ____Male ____Female_____
Address_____ City_____
State_____ Zip_____ Phone_____

Cell Phone_____ Email_____
School or place of Employment_____

First Aid certified **Y N** Date_____
CPR certified **Y N** Date_____

Have you ever been convicted of a criminal offense? **Y N** Date_____
Where?_____ Please explain_____

Do you have any health conditions that may prevent you from working or volunteering?_____

Do you belong to a group that would like to hear more about Shadow Hills Riding Center ? Yes No
Does your employer have a donation-matching program? Yes No

The above information may be verified, and I give permission for inquiry to be made as to my suitability to act as a client and/or volunteer at Shadow Hills Riding Center or Johnny Higginson Horsemanship and Training.

Printed Name_____ Date_____

Signature and/or Parent or Guardian_____ Date_____

For Office Use Only	Orient.	Training	Inst. Training
Name			
Date Comp.			

Volunteer/Staff Release

Photo Release:

_____I consent to and authorize

_____I do not consent to nor do I authorize

the use and reproduction by Shadow Hills Equestrian Center and/or Johnny Higginson Horsemanship and Training of and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities exhibition, or for the benefit of the program.

Signature:_____ Date_____

Liability Release: I acknowledge the risks and potential for risks of horseback riding and activities in and around a facility where horses are kept and farm machinery operated. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. Intending legally to bind myself, my heirs and assigns, executors or administrators, I hereby waive and release forever all claims for damages against Shadow Hills Equestrian Center and the non-profit program Shadow Hills Riding Club and its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees for any and all injuries and losses I/my son/my daughter/my ward may sustain while participating in Shadow Hills' therapeutic riding program. This release includes without limitation the risk of negligent instruction and supervision. I engage in activities at Shadow Hills Equestrian Center voluntarily with knowledge of the risks and I assume all risks of injury, death, and property damage that may result. I agree to bear any loss myself. I acknowledge that Shadow Hills Equestrian Center and the property owners are materially relying on this waiver and assumption of risk in allowing me or my son/my daughter/my ward to participate in activities at Shadow Hills Equestrian Center.

Signature_____ Date_____

Signature of Parent or Guardian_____ Date_____

Confidentiality Agreement:

I understand that all the information (written and verbal) about participants at this PATH center is confidential and not to be shared with anyone without expressed written consent of the participant and their parent/guardian in the case of a minor.

Date_____ Signature_____

(Participant, Parent or Caregiver)

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer
Name_____ DOB_____
Phone_____
Address_____
Physician's Name_____ Phone _____
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_____

Consent for Emergency Medical Treatment
In the event of an 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
_____ to:
(Center's Name)
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.
This authorization includes x-rays 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_____
(Volunteer, Parent or Legal Guardian)

Non-Consent for Emergency Medical Treatment
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 activity in the event emergency treatment/aid is required, I wish the following procedure to take place:_____
Date_____ Non-Consent Signature_____
(Volunteer, Parent or Legal Guardian)

General Information

Please tell us your experience with:
Horses:_____
People with disabilities:_____
How did you learn about Shadow Hills?_____

I am interested in being involved in the following areas:

____ Horse Handling/Daily Turnout ____ Horse Shows
____ Side-Walking ____ Trail Rides
____ Leading ____ Monthly Newsletter
_____Stable Cleaning _____Photography/Video
_____Ranch Improvements _____Fundraising
_____Special Events _____Office Work

I understand that I must give SHRC a notice of at least 24 hours if I cannot make my scheduled time
Signature:_____

Letter of Appreciation

On behalf of Shadow Hills Riding Center and Johnny Higginson Horsemanship and Training, we would like to thank you for volunteering your valuable time and energy for the ongoing growth of our program. Volunteer work is established as a "no compensation position". Accumulated volunteer hours are not to be exchanged for goods or services.

I have read and understand this agreement.

Date_____ Signature_____
(Volunteer, Parent or Caregiver)

Please attach a copy of your driver's license (if applicable).