



HORSESISTERS & ASSOCIATES, INC.
124 SOUTH PARK AVE. TITUSVILLE, FL 32796
COMMON SENSE RANCH 2714 CUYLER ST., MIMS
PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

ADULT VOLUNTEER APPLICATION FORM

Please print and answer every item

Name: _____ Date of Birth: ____/____/____ Female Male
Mailing Address: _____ City: _____ State: _____ Zip Code: _____
County: _____ Ethnicity: White / Black / Hispanic / Asian / Other /
Telephone: Home: (____) _____ Work: (____) _____ Cell: (____) _____
Fax: (____) _____ E-Mail Address: _____
Employer: _____
Occupation: _____
Caregiver/Guardian Name & Phone: (If dependent adult) _____
If student, give name of school and grade level: _____
How did you hear about HorseSisters? _____
Please identify any physical/mental/medical or other conditions which might affect your ability to participate as a volunteer. _____

Are you currently First Aid Certified? Yes No CPR Certified? Yes No
Have you completed any first aid/rescue breathing/CPR training? _____
Languages: (Including sign language): _____
What are your strengths, special talents or abilities? _____
What are your weaknesses? _____
Indicate the reason you are seeking a volunteer position (check all that apply):
___ Personal fulfillment ___ School requirement ___ Community service requirement ___ Skill development
Can you walk for 30 minutes and jog for short distances in sand? Yes No
Can you hold your arm above shoulder height and support a modest weight? Yes No
Are you comfortable working and/or walking around horses and ponies? Yes No
Please specify how many years and what type of experience you have had with horses and ponies: _____

VOLUNTEER HISTORY

List your past volunteer activities and the name(s) and telephone numbers of the volunteer supervisor: _____

PERSONAL REFERENCES (other than a relative)

1. Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Years known: _____ Relationship: _____ E-mail: _____
2. Name: _____ Telephone: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Years known: _____ Relationship: _____ E-mail: _____

FOR OFFICE USE ONLY

1.
2.



HORSESISTERS & ASSOCIATES, INC.
Mailing Address Only: 124 SOUTH PARK AVE. TITUSVILLE, FL 32796
COMMON SENSE RANCH 2714 CUYLER ST., MIMS
PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

AUTHORIZATION TO RELEASE INFORMATION

Full Name: _____ Social Security Number: ____ / ____ / ____
Contact Person: _____ Telephone Number: _____
Authorization Expiration Date: _____

I, the undersigned, authorize and consent to any person, firm, organization or corporation provide a copy (including photocopy or facsimile copy) of the Authorization for Release Information by the above stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via the telephone, in connection with my application for employment or to be a volunteer at the program. Any person, firm, organization or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with program guidelines. The authorization expires on the date stated above.

Adult Signature: _____ Date: _____

CONFIDENTIALITY AND PHOTO RELEASE

I agree that as a HorseSisters volunteer, I will respect the privacy of participants, volunteers and all those involved and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to everyone. I also respect and understand the **all photos of participants are prohibited**. As a volunteer, I hereby consent to and authorize the use and reproduction by HorseSisters of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, fund raising or for any other use for the benefit of the program.

Adult Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event 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 HorseSisters to secure and maintain medical treatment and transportation, if needed and incur expenses for which I will be responsible for payment.

Name: _____ Telephone: _____
In case of emergency, contact: _____ Telephone: _____
Physician name: _____ Telephone: _____
Preferred medical facility: _____
Health Insurance Co.: _____ Policy number: _____

PLEASE CHECK ONE OPTION LISTED BELOW

- ☐ **I GIVE 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. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person below not able to provide authorization or is unable to be reached.
- ☐ **I DO NOT GIVE 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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Adult Signature _____ Date _____



HORSESISTERS & ASSOCIATES, INC.

Mailing Address Only: 124 SOUTH PARK AVE. TITUSVILLE, FL 32796

COMMON SENSE RANCH 2714 CUYLER ST., MIMS

PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

DO YOU WISH TO RIDE? ____ HAVE YOU EVER HAD RIDING LESSONS? ____ YOU MUST VOLUNTEER 20 HOURS TO RIDE & TAKE LESSONS IF NOT CLASSICALLY TRAINED

HORSE RIDING INSTRUCTION/LESSONS RELEASE OF LIABILITY, WAIVER OR CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING AND WRITE CLEARLY IN INK

Express Assumption of Risk Associated with Horse Riding Instruction/Lessons, and Related Activities

I, _____ Please print First Name, Middle Name and Last Name of Participant or Parent/Guardian

Do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Horse Riding Instructions/Lessons, transportation of equipment related to the activities, and traveling to and from activity sites of which I am about to engage in. **INHERENT HAZARDS AND RISKS INCLUDE BUT ARE NOT LIMITED TO:**

1. Risk of injury from the activity and equipment utilized in Horse Riding is significant including the potential for permanent disability and death.
2. Possible equipment failure and/or malfunction of my own or other's equipment.
3. My own negligence and/or the negligence of other, including employees, agents, independent contractors or representative of HorseSisters & Associates, Inc., including but not limited to operator error.
4. The propensity of an equine (horse) to behave in dangerous ways that may result in injury to the participant regardless of the equine's previous training and past performance.
5. The inability to predict an equine's (horse)'s reaction to sound, movement, unfamiliar environment, objects, persons, or animals.
6. Natural hazards including but not limited to surface or subsurface conditions.
7. Propensity for and equine (horse) to run, buck, kite, kick, shy, stumble, rear, trample, scratch, peck, fall, make unpredictable movements, spook, down, jump, butt, step on a person's feet, push or shove without warning or apparent cause.
8. Saddles or bridles may loosen or break, which may cause the participant to be jolted or fall.
9. The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal.
10. The potential for a participant to fail to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.
11. Collisions with trees, brush, and other animals or objects.
12. Broken bones, severe injuries to the head, neck, and back which may result in severe impairment or even death.
13. Cold weather and heat related injuries and illness including but not limited to frostnip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
14. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe or varied wind, temperature and all other weather conditions.
15. Attack by or encounter with insects, reptiles, and/or animals.
16. Accidents or illness occurring in remote places where there are no available medical facilities.
17. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
18. My sense of balance, physical condition, and ability to follow instruction.

I understand the description of these risks is not complete and that unknown or unanticipated risks may result in injury, illness or death.

WARNING – UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES Fla. Stat. §773.05 (1993)

Authorized Signature of Insured

Confidential

Date

1/4/2011



HORSESISTERS & ASSOCIATES, INC.
Mailing Address Only: 124 SOUTH PARK AVE. TITUSVILLE, FL 32796
COMMON SENSE RANCH 2714 CUYLER ST., MIMS
PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

HORSE RIDING INSTRUCTION/LESSONS RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (Continued)

PLEASE READ AND BE CERTAIN YOU UNDERSTAND THE IMPLICATIONS OF SIGNING AND WRITE CLEARLY IN INK

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in any way in Horse Riding and related activities, I hereby agree, acknowledge and appreciate that:

1. **I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE,** the following named persons or entities herein referred to as releasees.

Owner

Participant

2. To release the releasees, their officers, directors, employees, representatives, agents and volunteers and vessels from liability and responsibility whatsoever and for any claims or cause of action that I, my estate, heirs, survivors, executors, or assignees may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death or loss or damage to person or property that may occur as a result of engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this agreement. This release shall be binding to the fullest extent permitted by law. If any provision of this release is found to be unenforceable, the remaining terms shall be enforceable.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND I FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITH ANY INDUCEMENT.

Signature of Adult Participant

Printed Name of Adult Participant

Date

FOR PARTICIPANTS OF MINORITY AGE OR THEIR WARD : This is to certify that I, as Parent, Guardian, Temporary Guardian with legal responsibility for this participant, do consent and agree not only to his/her release of all Releasees, but also to release and indemnify the Releasees from any and all liabilities to his/her involvement in these programs for myself, my heirs, assigns and next of kin.

Signature of Parent or adult legal Guardian if Participant is a minor, and by their signature, They on my behalf release all claims that Both they and I have.

Printed name of Parent or Adult Legal Guardian

Date

Minor or Ward's Full Name

Date

It is the Policy of the all volunteer charitable organization HorseSisters & Associates, Inc., to provide equal opportunities without regard to race, color, ability, religion, national origin, gender, sexual preference, or age.



HORSESISTERS & ASSOCIATES, INC.

Mailing Address Only: 124 SOUTH PARK AVE. TITUSVILLE, FL 32796

COMMON SENSE RANCH 2714 CUYLER ST., MIMS

PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

VOLUNTEER DISCLOSURE AFFIDAVIT (Please Read Carefully)

Our program screens all prospective volunteers to evaluate whether an applicant poses a risk or harm to the children, youth and adults we serve. Information obtained is not an automatic bar to becoming a volunteer, but is considered in view of all relevant circumstances. This disclosure is required to be completed in full by all those who wish to be considered part of HorseSisters. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

FULL NAME: _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

The undersigned applicant affirms that **I HAVE NOT at ANY TIME** (whether as an adult or juvenile):
(Initial answer under **YES** or **NO** and provide a brief explanation for any **YES** answer)

<u>YES</u>	<u>NO</u>	
_____	_____	Pleaded guilty to (whether or not resulting in conviction):
_____	_____	Pleaded nolo contendere or no contest to any crime
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise):
_____	_____	Entered into any settlement of an action or claim of:
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or
_____	_____	Adversely affected because of:
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition
_____	_____	Arising from: or
_____	_____	Resigned under threat of termination of employment or volunteer work for:
_____	_____	Any allegation, any conduct, matter or thing (irrespective of the formal name thereof)
_____	_____	constituting or involving (whether under criminal or civil law of any jurisdiction):
<u>YES</u>	<u>NO</u>	
_____	_____	Any felony.
_____	_____	Animal Cruelty or Neglect
_____	_____	Rape or other sexual assault.
_____	_____	Drug or alcohol related offenses.
_____	_____	Abuse of a minor or child, whether physical or sexual.
_____	_____	Incest.
_____	_____	Kidnapping, false imprisonment, or abduction.
_____	_____	Sexual harassment.
_____	_____	Sexual conduct with a minor.
_____	_____	Annoying/molesting a child.
_____	_____	Lewdness and/or indecent exposure.
_____	_____	Lewdness and lascivious behavior.
_____	_____	Obscene literature.
_____	_____	Assault, battery or other offense.
_____	_____	Endangerment of a child.
_____	_____	Any misdemeanor or other offense classification involving a minor or to which a
_____	_____	Minor was a witness.
_____	_____	Unfitness as a parent or custodian.
_____	_____	Removing children from a State or concealing children in violation of a law or
_____	_____	A court order.
_____	_____	Restrictions or limitations on contact or visitation with children or minors.
_____	_____	Similar or related conduct, matters or things.
_____	_____	Accusation of any of the above.

Explanations (Descriptions and Dates):

The above statements are true and complete to the best of my knowledge.

Applicant's Signature
Confidential

Date

1/4/2011



HORSESISTERS & ASSOCIATES, INC.

Mailing Address Only: 124 SOUTH PARK AVE. TITUSVILLE, FL 32796

COMMON SENSE RANCH 2714 CUYLER ST., MIMS

PHONE: 321.267.2929 www.horsesisters.org volunteer@horsesisters.org

YOUR RESPONSIBILITY

We strive to place you in an environment at HorseSisters that you wish to work in. You will be assigned a volunteer mentor who will help orient and train you about our ways. You may call your mentor with any questions or issues you may have. You will be asked to limit your actions to the duties you have been assigned. We are asking you to perform those assigned tasks in good faith, and do not act in a manner that is reckless or with the intent to unlawfully inflict harm to others. If at any time you are involved in an incident or accident or exposed to any potential liability situation while performing your assigned duties, you must inform your mentor within two hours.

YOUR AVAILABILITY

It is important for us to have an idea of what days and times you might be available to volunteer. This information helps us determine if we need to schedule an earlier orientation date. Please check the following days and times you might be available for volunteering. When checking days you might be available, please keep in mind our participants and volunteer depend on you. If you do not think it is a day you can commit to, then please do not check it.

Feeding

<input type="checkbox"/> AM	8 till noon	<input type="checkbox"/> Sunday	<input type="checkbox"/> PM	4 till 7
<input type="checkbox"/> AM		<input type="checkbox"/> Monday	<input type="checkbox"/> PM	
<input type="checkbox"/> AM		<input type="checkbox"/> Tuesday	<input type="checkbox"/> PM	
<input type="checkbox"/> AM		<input type="checkbox"/> Wednesday	<input type="checkbox"/> PM	
<input type="checkbox"/> AM		<input type="checkbox"/> Thursday	<input type="checkbox"/> PM	
<input type="checkbox"/> AM		<input type="checkbox"/> Friday	<input type="checkbox"/> PM	
<input type="checkbox"/> AM		<input type="checkbox"/> Saturday	<input type="checkbox"/> PM	

If you are interested in helping us with our fund raisers, please note they are usually on the weekends and often evenings. Please check **ALL** areas in which you are interested – **WE WANT YOU TO BE INVOLVED IN WHAT YOU LOVE TO DO & EXCELL IN – WE WANT YOU HAPPY - WE NEED YOU HAPPY521!**

- ☐ **BOARD** - Recruiting new members, training,
- ☐ **FINANCES** – budgeting, internal & external audits, software development, taxes, state reports
- ☐ **POLICY & PROCEDURES** – manuals, staying current with laws, best practices
- ☐ **FUNDRAISING** - advertising, procuring donors/sponsors and grants
- ☐ **CAPITAL IMPROVEMENTS** - major expenses/buildings/equipment/special projects, long term goals
- ☐ **MAINTENANCE** - vehicles, carriages, buildings, equine tack
- ☐ **VOLUNTEERS** - recruiting, supporting, training
- ☐ **EQUINES** - health, upkeep, tracking adoptions, horse shows, Special Olympics
- ☐ **PROPERTY** – mowing, maintaining fence lines, weed/pest control, landscaping/irrigation/planting
- ☐ **EVENTS** - designing and joining local/statewide activities - photography/video
- ☐ **MARKETING/ADVERTISING/WEBSITE** – design, upkeep, social networking

DESIRED DUTIES:

ASSIGNED MENTOR: _____

Thank you for your interest in becoming a part of HorseSisters Equine Assisted Therapy – H.E.A.T. Please mail (the mailing address on the top of each page) or bring the form to us Thursday from 4-7 pm as soon as it is completed. You will receive an email or phone call confirming your acceptance and given dates and times for our upcoming volunteer orientations.