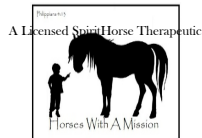


Office Use Only: Date Received: _____

Type of Volunteer: CS UNT TWU RV

Position Assigned: SW AD M



Riding Center

VOLUNTEER APPLICATION

Thank you for your interest in our organization that provides free therapeutic horseback riding lessons to special needs children and adults each week. So that we can best utilize your experience and interests, please complete the application form as fully as possible.

I. Personal Information: (Please print legibly)

Have you ever been affiliated with Horses with a Mission, Inc. as a volunteer or rider? No Yes If yes, when? _____

Male Female DOB: _____

Mr. Mrs. Ms.

Participants Name: _____
First M.I. Last

If Under 18 years of age, print Parent/Legal Guardian Name:

Name: _____
First M.I. Last

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

Home Phone: _____ Cell: _____ Work: _____

Employer/Occupation: _____

Email: _____

Providing my email address allows Horses with a Mission, Inc. to send me program news, updates, information, and etc. This email shall remain the property of Horses with a Mission, Inc. and will not be sold or given to any third parties.

How did you hear about Horses with a Mission, Inc.? TV/Radio Newspaper Internet School/College

Referral Please specify referring organization/individual/other: _____

II. High School/College/Community Service Information (Only complete if applies to you)

If you are volunteering to complete High School or College curriculum service hours, how many hours do you need to fulfill your requirement? _____ What is your major? _____

What High School or College do you attend? _____

Mail this application to: Horses with a Mission, Inc.
P.O. Box 121463
Clermont, FL 34712

III. Interests

Why do you want to volunteer with Horses with a Mission, Inc.? _____

Please list any special skills that you could offer (i.e., sign language, computer, carpentry, Spanish) _____

Please describe your general background (i.e., education, work experience) _____

IV. Related Experience & Skills

Have you had previous experience working with youths who are at risk or have suffered victimization or abuse? No Yes

If yes, please describe including specific skills/degrees _____

Have you had previous experience working with horses? No Yes

If yes, please describe _____

Are you certified in First Aid CPR Certificate expires on: _____

V. Special Opportunities

Please check all volunteer areas you would be interested in:

- Instructor Side-walker Grounds maintenance Office Assistant Fundraising

VI. Time Commitment

What is your availability and the amount of time that you are willing to volunteer?

- Weekly Monthly Occasionally

Sunday: _____ Monday: _____ Tuesday: _____

Wednesday: _____ Thursday: _____ Friday: _____

Saturday: _____

Describe any other issues: _____

HORSES WITH A MISSION, INC.

A LICENCED SPIRITHORSE THERAPEUTIC RIDING CENTER

Volunteer Authorization for Emergency Medical Treatment Form

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Email: _____

Medical Facility: _____

Health Insurance: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

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 Horses with a Mission, Inc. to:

- 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 emergency medical treatment.

Consent Plan

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____

(If under 18 years of age, parent/legal guardian signature is required)

Non-Consent Plan

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. In the event of an emergency treatment/aid is required, I wish the following procedures to take place:

I hereby authorize the Release's to act at their discretion on behalf of Participant in providing, requesting, or authorizing, the provision of emergency medical services ("Emergency Services"). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Release's from any and all claims, expenses or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be constructed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED THIS _____ DAY OF _____ 20 _____

Applicant's Signature: _____

Date: _____

Signature of Parent/Legal Guardian

If under 18 years of age: _____

Date: _____

HORSES WITH A MISSION, INC.

A LICENCED SPIRITHORSE THERAPEUTIC RIDING CENTER

Release of Liability Form

This Release of Liability is made and entered into on this date _____ and for thereafter between Horses with a Mission, Inc., a licensed SpiritHorse Therapeutic Riding Center, and _____

(the participant); and, if the participant is a minor, their Parent or Legal Guardian _____

In return for the use, today and on future dates, of the property, facility and services of the Executive Director, the Participant, her heirs, assigns and legal representatives, hereby expressly agree to the following:

- 1.) It is the responsibility of the Participant to carry full and complete insurance coverage on his/her horse if he/she owns or leases one, personal property, and him/her self.

- 2.) Participant agrees to assume any and all risks involved in arising from participant's use of or presence upon Executive Director's property and facility including without limitation the risk of death, bodily injury, property damage, all kicks, bites, collisions with vehicles, horses or stationary objects, fire or explosion, the unavailability of emergency care, or the negligence or deliberate act of another person.
- 3.) Participant agrees to hold Executive Director and all its successors, assigns, subsidiaries, franchises, affiliates, officers, directors, employees and agents completely harmless and not liable and releases them all from liability whatsoever, and Agrees Not To Sue Them on account of, or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of the Participant's use of or presence upon Executive Director's property and facility, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct, willful and wanton negligence of the Executive Director.
- 4.) Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and or effect is to provide that a general release shall not extend to claims, materials or otherwise which the person giving the release does not know or suspect exists at the time of executing this release.
- 5.) Participant agrees to indemnify and defend Executive Director against, and hold it harmless from any and all claims, causes of action, damages, judgments, costs or expenses, including attorney's fees, which in any way arise from the Participant's use of or presence upon the Executive Director's property or facility.
- 6.) Participant agrees to abide by all of the Executive Director's safety rules and regulations.
- 7.) If Participant is using her horse, the horse shall be free from infection, contagious or transmittable disease. Executive Director reserves the right to refuse horse if not in proper health, or is deemed dangerous or undesirable.
- 8.) This contract is non-assignable and non-transferable, and is made and entered into the State of Florida and shall be enforced and interpreted under the laws of this State. Should any be in conflict with State Law, than that clause will be null and void. When the Executive Director and Participant or Participant's Parent or Legal Guardian (if participant is a minor), sign this contract, it will then be binding both parties, subject to the above terms and conditions.

WARNING: Under Florida State Law (Statute 773) an Equine Professional is not liable for an injury to and/or death of a participant in equine activities resulting from the inherent risks of equine activities.

Participant, Parent or Legal Guardian: _____ Date: _____

Horses with a Mission, Inc., a SpiritHorse Therapeutic Riding Center: _____ Date: _____

HORSES WITH A MISSION, INC.

A LICENCED SPIRITHORSE THERAPEUTIC RIDING CENTER

Photo and Video Consent

I _____ consent ____ or do not consent ____ to authorize the use and reproduction by Horses with a Mission, Inc., a licensed SpiritHorse Therapeutic Riding Center, of any and all photographs, video/audio materials taken of me or the participant for the purpose of on-going studies, educational activities, exhibitions, promotional materials or for any other use for the benefit of the program.

Date: _____ Consent Signature: _____
Client, Parent/Legal Guardian (If under 18 years of age)

Applicant Information:

I hereby authorize Horses with a Mission, Inc. to request any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace, including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The Criminal History, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains, deferred adjudications and delinquent conduct committed as a juvenile. I understand this information will be used, in part, to determine my eligibility in a volunteer position with Horses with a Mission, Inc. I also understand I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received.

I further release and discharge Horses with a Mission, Inc. and all their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, from any and all claims of liability arising out of any request for information or records pursuant to this authorization, and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I acknowledge I have voluntarily provided information for volunteer purposes, and I have carefully read and understand this authorization.

Social Security Number: _____ - _____ - _____ **(required for background check)**

Date: _____ Signature: _____
Client, Parent/Legal Guardian (If under 18 years of age)

