



VOLUNTEER INFORMATION FORM

Please fill out *completely*.

Name: _____ Date of Birth: _____ Email: _____

Address: Street _____ City _____ State _____ Zip _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Best way to contact you: Text: ___ Email: ___ Phone: ___

Do you have experience with horses? Yes / No

If Yes, please complete an additional experience questionnaire.

Do you have experience with persons with disabilities? Yes / No

If Yes, please explain: _____

Have you ever volunteered for HorsePower (or Handi-Riders) before? Yes / No

If Yes, when, and in what capacity? _____

Employment Status: Full-Time Part-Time Retired Student Other

Occupation/Former Occupation: _____

Employer/Former Employer: _____

How did you hear about this volunteer opportunity? _____

Volunteer Statements: In the course of volunteering, I may learn personal/medical/family information about HorsePower participants, and **I agree to keep any and all non-public information in strictest confidence.** Additionally, it is a requirement by HorsePower's insurance company that all volunteers over the age of 18 pass a background check in order to volunteer, and **I agree to HorsePower's request to perform a background check on me.** (Background check statement not applicable to those under 18.) Please **sign & date to confirm your agreement with the above statements** in this paragraph. **If anything changes with your above information please fill out a new volunteer application.**

Signature: _____ Date: _____

HORSE EXPERIENCE QUESTIONNAIRE

Please choose the most appropriate answer for each question...

How would you describe your comfort level around horses?:

- Not comfortable yet
- Somewhat comfortable
- Comfortable
- Very comfortable and confident

What type of horse experience do you have? Check all that apply

- Grooming
- Leading a horse
- English Riding
- Western Riding
- Feeding/Basic Care
- None of the above
- Other: _____

Have you worked with horses in any of these settings? Check all that apply

- Therapeutic Riding Center
- Personal riding lessons
- Personal horses
- 4-H/FFA
- Competitive Riding
- Other: _____

How long have you been around horses?

- No prior experience
- Less than 1 year
- 1-3 years
- 3-5 years
- 5+ years

When was the last time you worked with a horse? Riding or groundwork

- Within the past month
- Within the past year
- Over a year ago
- Never

Have you worked with horses that may require extra handling awareness?

- Yes
- No

Is there anything else you'd like us to know about your horse experience or comfort level?

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer's Name: _____ Phone: _____

Address: Street _____ City _____ State _____ Zip _____

Whom do we contact in case of emergency?

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physician's Name: _____ Phone: _____ City: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Consent Plan:

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for HorsePower, or while being on the property of an authorized activity of this agency, I authorize HorsePower to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment.

This authorization includes X-ray, surgery, hospitalization, and any other treatment procedure deemed "life-saving" by the physician.

This provision will be invoked if neither person listed above is able to be reasonably reached.

Consent Signature: _____ Date: _____

If volunteer is under 18:

Parent or Legal Guardian Name: _____ Phone: _____

Address: Street _____ City _____ State _____ Zip _____

~OR~

Non-Consent Plan:

I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of volunteering for HorsePower, or while being on the property of an authorized activity of this agency. In the event emergency treatment/aid is required, I wish the following procedures to be taken:

Signature: _____ Date: _____

If volunteer is under 18:

Parent or Legal Guardian Name: _____ Phone: _____

Address: Street _____ City _____ State _____ Zip _____

Volunteer Liability Release Agreement

I, _____, the Releasor, would like to volunteer in a program or activity of the Releasee, Handi-Riders, Inc. DBA: HorsePower. I acknowledge the risks and potential for risks of volunteering in a program with horseback riding and equine-related activities. I, the undersigned, do hereby forever release, acquit, discharge, and hold harmless the Releasee, its officers, agents, employees, representatives, facility owners, horse owners, and assigns, on account of any and all injuries, physical or mental condition, known or unknown, to the undersigned, and the treatment thereof, as a result of, or in any way growing out of the acts of the Releasee, its officers, agents, employees, representatives, facility owners, horse owners, and assigns, whether caused by negligence of the releasees or otherwise.

Releasor hereby assumes full responsibility for the risk of bodily injury, death, or property damage due to the negligence of releasees or otherwise while volunteering in a Handi-Riders, Inc. DBA: HorsePower program or activity.

Releasor expressly agrees that this release and waiver agreement is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

This release covers the present program and any future programs or activities for which the undersigned may volunteer.

WARNING
Under South Dakota law, an 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, pursuant to §42-11-2.

Volunteer Signature _____ Date: _____
(or Parent/Guardian if Volunteer is under 18)

Printed Name: _____ Relationship to Volunteer: _____
(Self, Parent, or Guardian)

Photo Release

Photo Release not required to volunteer.

I hereby consent to and authorize the use and reproduction by Handi-Riders, Inc. DBA: HorsePower, of any and all photographs of _____ (Volunteer's name) and any other audiovisual materials taken of said volunteer for promotional printed, audio, or visual material, educational activities, and exhibitions or for any other use for the benefit of Handi-Riders, Inc. DBA: HorsePower and its programs.

Volunteer Signature _____ Date: _____
(or Parent/Guardian if Volunteer is under 18)

Printed Name: _____ Relationship to Volunteer: _____
(Self, Parent, or Guardian)

Please fill out the form below about your general availability to volunteer.

Volunteer Name: _____

Availability

Please mark an **X** on all the days and times you **are** available, circle the preferred times.

Day/Time	Monday	Tuesday	Wednesday	Thursday
9:00-10:00				
10:00-11:00				
11:00-12:00				
12:00-1:00				
1:00-2:00				
2:00-3:00				
3:00-4:00				
4:00-5:00				
Summer Only				
5:00-6:00				
6:00-7:00				
7:00-8:00				
8:00-8:30				

Is there a specific amount of hours you need per week/month/semester? _____

Are you looking to volunteer for a specific date range? _____

How many lessons in a day/week would you like to be scheduled for? _____