

**VOLUNTEER INFORMATION SHEET** *(please print)*

Name \_\_\_\_\_

Birthdate \* \_\_\_\_\_ (for accreditation)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\*\*Please note that STARS & STRIDES STABLES will not accept applicants into our volunteer program who have been arrested for, or convicted of crimes against persons and/or animals. You may be subject to a background check as part of this application process.

**CONFIDENTIALITY AGREEMENT**

Stars & Strides Stables recognizes the right of participants and their families to have privacy over any information that may be personal or sensitive. In order to respect that right, we require all volunteers and staff to sign a non-disclosure agreement. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of responsibilities to termination and legal action. Information considered to be confidential includes all medical, familial, social, referral, personal & financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, STARS & STRIDES STABLES staff, volunteers or others in association with STARS & STRIDES STABLES, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that person.

I have read and understand the confidentiality policy as described and agree to observe its principles.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

Print Name \_\_\_\_\_



## VOLUNTEER QUESTIONNAIRE *(please print)*

How did you hear about STARS & STRIDES STABLES?

- Newspaper     Volunteer Agency     Company publication/website      
 Bulletin Board     School     Volunteer Fair     Friend  
 NARHA     STARS & STRIDES STABLES website     Driving by  
 Other: \_\_\_\_\_

Do you have horse experience? (circle) Little / None/ Some/ Considerable

Briefly describe experience:

Are you comfortable working around horses? (circle) Yes or No

What is your availability? (check all that apply)

- Weekday mornings     Weekday afternoons     Weekday evenings  
 Saturday mornings     Saturday afternoons

Do you have training or experience working with people with disabilities?  
(circle) Yes or No

Briefly describe experience:

Are you able to walk for 45 minutes and jog short distances? (circle) Yes or No

If no, please explain:

Given a chance to switch sides or change positions, are you able to hold your arm above shoulder height and support a rider's weight? (circle) Yes or No

If no, please explain:

Do you have any health issues or physical limitations that we should be aware of?  
(circle) Yes or No

If yes, please explain:

Please provide a minimum of one reason you are interested in volunteering for STARS & STRIDES STABLES:



Please list the names of any programs or agencies for which you have volunteered in the last 5 years and briefly describe your duties:

Have you ever been arrested for, or convicted of, a crime against a person or animal?  
(circle) Yes or No

Have you ever been listed on a registry for child abuse?  
(circle) Yes or No

Please indicate other interests or skills: (check all that apply)

- Special events:       Special Olympics       Grant Writing  Marketing/PR
- General Office/Mailings       Board participation       Schooling Horses
- Newsletter  Research Prospects  "Mane" House Parties  Horse care
- Website/Web Design  Computers/IT  Other: \_\_\_\_\_

Please list THREE people, not related to you, who can provide a personal or professional reference:

NAME and PHONE NUMBER

- 1.
- 2.
- 3.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian signature if volunteer is under 18 years of age)



### Release and Hold Harmless Agreement

I, \_\_\_\_\_ [Name of Participant], have the opportunity to participate in the Stars and Strides riding program at Stars and Strides Stables.

I understand that participating in equine activities, as a participant, rider, volunteer, student, spectator or staff, exposes me to a risk of property damage, personal injury or death. I understand that my choice of participating in equine activities is voluntary on my part, and I affirm my desire to participate in the program set out above. I agree to assume full responsibility for my safety and the safety of my property while I am in the arena or sensory trail, in transit to and from the arena or sensory trail and at all other times. I understand that I may sometimes participate in various activities, some of which may include an element of risk.

In consideration of being allowed to participate in the above mentioned activity, I, the undersigned, and my Parent/Guardian, if applicable, do hereby release, indemnify, and hold harmless the Miller family, Miller Ranch, Stars and Strides Stables and/or their Board of Directors, officers, agents, employees and volunteers, any allied health, mental health professionals and any other professionals volunteering and/or contracting with Stars and Strides Stables or any other equine activity sponsor as well as other participants and spectators from any and all liability claims, demands, and actions whatsoever arising out of or related to any loss, damage, or injury, including death, which may be sustained by me or to any property belonging to me. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family, and may be pleaded as a bar to litigation. Jurisdiction of this matter and venue shall lie exclusively in Parker County, Texas.

#### WARNING

**UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), 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.**

I am 18 years of age or above (or my Parent/Guardian is also a signatory herein) and have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant

#### PARENT/GUARDIAN

(This section must be completed if participant is under age 18 or legally incapacitated.)  
By signing herein, I acknowledge that I have read, understand and voluntarily agree to accept the terms of the above Release and Hold Harmless Agreement with respect to the above named Participant.

\_\_\_\_\_  
Signature of Parent/Guardian of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name Parent/Guardian



## Authorization for Emergency Medical Treatment Form

Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name: \_\_\_\_\_ 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: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent Plan

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 Stars & Strides Stables 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 medical emergency treatment.

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: \_\_\_\_\_

Client, Parent or Legal Guardian

*Signed in presence of center staff*

### 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

*Signed in presence of center staff*



### PHOTO RELEASE FORM

I DO

DO NOT

Consent to and authorize the use and reproduction by Stars & Strides Stables of any and all photographs and any other audio/visual material taken of me, my child or individual under my guardianship for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Participant

\_\_\_\_\_  
Signature of Parent or Guardian  
(If participant is under 18 or unable to sign)

\_\_\_\_\_  
Date