VOLUNTEER INFORMATION FORM

NAME:_____ EMAIL ADDRESS:_____

HOME PHONE:_____ CELL PHONE:_____ OTHER PHONE:_____

ADDRESS:_____

NAME OF PARENT OR GUARDIAN (if applicable):_____

EMPLOYER/SCHOOL: _____

How did you learn about Angels on Horseback?_____

Check the areas that interest you:

☐Horse Handling	☐Facility Repairs	☐Public Relations	☐Grant Writing
☐Sidewalking with students	☐Fundraising	☐Photography/Video	☐Budget & Finance
☐Groundskeeping	☐Volunteer Recruiting	☐Newsletter	☐Board of Directors

Have you ever been charged with or convicted of a crime? ☐ No ☐ Yes. Please explain:_____

_____

Driver's License # and State Where Issued:_____

AUTHORIZATION FOR BACKGROUND CHECK

INITIALS: _____ I hereby authorize Foster Equine Boarding and Rescue to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize the facility, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

CONFIDENTIALITY NOTICE

INITIALS: _____ I understand that all information (written or verbal) about participation at this facility is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

PHOTO RELEASE

INITIALS: _____ I ☐**do** ☐**do not** consent to and authorize the use and reproduction by Foster Equine Boarding and Rescue of any and all photographs and any other audio/visual materials taken of me for promotional material, educational, exhibitions or for any other use for the benefit of the center.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature:_____ **Date:**_____
Volunteer

Signature:_____ **Date:**_____
Parent or Legal Guardian (*if Volunteer is under 21*)

RETURN SIGNED DOCUMENT TO: Foster Equine, 60500 Patch Road, New Concord, OH 43762

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

NAME:_____ D.O.B.: _____

PHYSICIAN'S NAME:_____ PREFERRED HOSPITAL: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program:_____

_____

Date of last tetanus shot:_____ Date of last tuberculosis test: _____

Allergies:_____

Current medications:_____

In the event of an emergency, contact:

Name: _____ Relation:_____ Phone:_____

Name: _____ Relation:_____ Phone:_____

*** * * HEALTH INSURANCE INFORMATION REQUIRED * * ***

INSURANCE COMPANY NAME:_____

POLICY #:_____ **PHONE NUMBER:**_____

CONSENT PLAN. In the event emergency medical aid/treatment is required to due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Foster Equine Boarding and Rescue to:

- ☑ Secure and retain medical treatment and transportation if needed.
- ☑ Release client records upon request to 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: _____

Signed by Volunteer (or Parent/Guardian if under 21)

- OR -

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 Foster Equine Boarding and Rescue.

- ☑ 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: _____

Signed by Volunteer (or Parent/Guardian if under 21)

RETURN SIGNED DOCUMENT TO: Foster Equine, 60500 Patch Road, New Concord, OH 43762

HOLD HARMLESS AND INDEMNITY AGREEMENT

--WARNING--

Under Ohio 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, pursuant to Ohio Revised Code Statute 2305.321

This Hold Harmless and Indemnity Agreement ("Agreement") is made this _____ day of _____, 20_____ between _____ ("Participant") and Foster Equine Boarding and Rescue, and staff shall continue in full force and effect until revoked in writing.

Participant and Participant's Parent or Guardian understands and acknowledges that there are inherent risks in being around horses and participating in equine activities. These risks may result in property damage and/or physical injury, including death.

Participant hereby releases and agrees to hold harmless, Foster Equine Boarding and Rescue, it's owners, board, instructors, volunteers, field hands, and the property owners from any and all liability arising from any accident, injury or loss which may occur while on farm property with any horse, animal or other circumstance which might present itself and Participant might be involved.

This Agreement shall be construed under the laws of the State of Ohio.

Participant, being of legal age, (21) or parent or guardian of participant below legal age, acknowledges that he/she has read the above Agreement, has had an opportunity to ask questions and voluntarily agrees to the terms of this Agreement.

_____ _____

Printed Name of Participant Signature of Participant

IF PARTICIPANT IS BELOW THE AGE OF 21, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

_____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian

_____

Alex Foster, Foster Equine Boarding and Rescue

RETURN SIGNED DOCUMENT TO: Foster Equine, 60500 Patch Road, New Concord, OH 43762