

HIGH HOPES THERAPEUTIC RIDING INC
VOLUNTEER REGISTRATION & RELEASE FORM

PLEASE PRINT CLEARLY

NAME _____ DATE OF BIRTH ____/____/____ AGE _____

Check one: Miss. Ms. Mrs. Mr. HEIGHT: _____ NAME OF SPOUSE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ WORK PHONE (_____) _____

CELL PHONE (_____) _____ E-MAIL _____

MOST RECENT EMPLOYMENT/SCHOOL _____ Occupation: _____

My employer gives time off for volunteering

My employer matches cash donations

PARENT/GUARDIAN NAME _____ PHONE _____

(for volunteers under 18 years of age)

Reason for volunteering: personal fulfillment__ school requirement __ court required community service __ other__

How did you hear of High Hopes? Friend Relative Newspaper Flyer Other _____

PLEASE READ EACH OF THE FOLLOWING ITEMS BEFORE SIGNING:

Photo & Publicity Release: __I hereby consent to and authorize the following; __I do not consent to, nor do I authorize

1) High Hopes Therapeutic Riding, Inc. may use my(my child's) photograph or image in its print, online and video publications; 2) release High Hopes Therapeutic Riding, Inc., its employees and any outside third parties from all liabilities or claims that I might assert in connection with the above-described activities and 3) I waive any right to inspect, approve or receive compensation for any materials or communications, including photographs, videotapes, DVDs, website images or written materials, incorporating photos/images of me(my child).

Liability Release: I acknowledge the risks and potential for risks of horseback riding and related equine activities including grievous bodily harm. However, I feel that the possible benefits to myself are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against High Hopes Therapeutic Riding Inc., its Board of Trustees, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I may sustain while participating as a High Hopes volunteer from whatever cause including, but not limited to, the negligence of these related parties.

The undersigned acknowledges that he/she has read this Volunteer Registration & Release form in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

Date: _____ Signature _____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.

CONFIDENTIALITY POLICY

At High Hopes, we place great importance on protecting the confidential information of our clients, our staff and our volunteers. Confidential Information includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of High Hopes. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than High Hopes staff. Volunteers must seek staff permission before taking any pictures or videos. **I have read and understand the High Hopes Confidentiality Policy and agree to abide by same.**

Date: _____ Signature _____

If volunteer is under 18 years of age, both parent & volunteer signatures are required.

HIGH HOPES
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize High Hopes to:

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

In case of Emergency, contact: _____ Phone _____

Physician's Name: _____ Town: _____ Phone _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____ Policy #: _____

Please indicate any allergies: _____

Please indicate any disability, limitations or medications or medical conditions that may affect your volunteer role, with or without reasonable accommodations, that we should be aware of _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed life saving by the physician) in the event of illness or injury while on the property of the agency.*

Date: _____ Consent Signature _____

(For volunteers under 18 years of age, both parent & volunteer signatures are required)

*** If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

Reference & Background Check Information

Reference Name (non relative) _____ Phone _____

Volunteers 18 years and older please complete this portion.

Please attach a copy of your driver's license or other photo ID:

If not submitted please indicate reason: _____

Have you ever been convicted of a criminal offense or have a conviction pending including any misdemeanors?

Yes No If yes, when? _____

Please explain nature of offense _____

I understand that that High Hopes may perform background checks on all new adult volunteers. The information on my volunteer application will be verified, and I give permission to make inquiry of others concerning my suitability to act serve as a volunteer at High Hopes.

Signature _____ Date _____

HIGH HOPES - GENERAL INFORMATION FORM

1. Please tell us of your experience with:

- Horses: _____
- Individuals with disabilities: _____

2. Your Volunteer Interests:

(A) **Lesson Program Volunteer.** I am interested in volunteering for the riding program in the following way(s):

- Sidewalking Riders
- Horse Leading (**must have horse experience**)
- Carriage Driving
- Equine Learning Coach

(B) **Equine Program Volunteer**

- Horse Care, Feeding, Cleaning Paddocks etc.

(C) **Facility/Farm Volunteer**

- General Maintenance & Repairs Carpentry Equipment Repair

(D) **Office Volunteer**

- Data Entry Reception General Office Support Mailings

(E) **Summer - Equine Learning Day Program**

- Assists with day camp activities

(F) **Special Events & Fundraisers Volunteer**

- Serve on Special Events Planning Committees Provide Assistance Day of an Event Baking/cooking

(G) **Special Skills Volunteers.** Do you have skills, technical/professional experience that would be beneficial to High Hopes? If so, please check those that apply: Photography Marketing Construction Fundraising

- Grant Writing Computers Graphic Design Other? _____

2. **Please indicate your Volunteer Availability.** Please check the days and time periods you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged with the Volunteer Manager following your Training & Orientation session.

	Early morning 7-9am	Mornings 9-12pm	Afternoons 12:30-5 pm	Evenings 5pm-on	Evenings 6pm-on
Mon					
Tue					
Wed					
Thu					
Fri					
Sat					
Sun					

In addition to your scheduled day and time, please check if you would like to be on the Volunteer Substitute list _____

Please return completed form to:
 Volunteer Manager
 High Hopes Therapeutic Riding
 36 Town Woods Road, Old Lyme, CT 06371
 Phone: 860-434-1974 Fax: 860-434-3723