



**Hoofbeats For Hope**  
Changing Children's Lives...One Hoofbeat At A Time!!!



# **Volunteer Packet**



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## Authorization for Emergency Medical Treatment Form

Participant       Staff       Volunteer

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

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical

Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Preferred Medical

Facility: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

### In the event of an emergency, contact:

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

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

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.

### Consent Plan:

This authorization includes x-ray, surgery, hospitalization 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. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian (Signed in presence of center staff)



## Volunteer/Staff Information Form and Health History

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

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Photo Release: I  DO  DO NOT

Consent to and authorize the use and reproduction by HOOFBEATS FOR HOPE of any and all photographs and may other audio/visual materials taken of me for promotion material, educational activities, exhibitions or for any other use for the benefit of the program.

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

### Background information:

Have you ever been charged with or convicted of a crime? Y N; please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff),  
authorize \_\_\_\_\_ HOOFBEATS FOR HOPE 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.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize HOOFBEATS FOR HOPE, its directors, officers, employees, or other volunteers to disseminate this information in any way to any individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer/staff)

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

### Confidentiality Agreement:

I understand that all information (written and verbal) about participants at the HOOFBEATS FOR HOPE center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

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



## Volunteer/Staff Information Form and Health History

### \*EXPERIENCE\*

Please Circle all that apply:

NONE \_\_\_\_\_ A Little \_\_\_\_\_ I have had lessons and am comfortable # of years: \_\_\_\_\_ Extensive, number of years \_\_\_\_\_

Please explain your history with horses: \_\_\_\_\_

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

Why are you interested in volunteering?

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

Times available: (Please write in exact hours)

Mornings:

Afternoons:

Evenings:

Days Available:

Weekdays:

Weekends:

Areas of Interest: (Please circle all that apply)

Horse Handling

Side walking with a student

Lead walking with a student

Stable Management

Facility Repairs and Cleanup

### GENERAL INFORMATION RELEASE

As a volunteer at HOOFBEATS FOR HOPE, I understand that I am required to report any accident or incident, no matter how minor, to a HOOFBEATS FOR HOPE staff member, so that a report may be filed, if necessary. Examples of incident that must be reported are anyone being bitten, stepped on, or kicked by a horse, a child falling down, etc. I also agree to abide by rules posted or given by an instructor of HOOFBEATS FOR HOPE staff member, with the understanding that these rules exist for the safety of the riders, volunteers, and staff members.

Consent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Volunteer, partner, or guardian

Witness: \_\_\_\_\_



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## Release and Hold Harmless Agreement

I, \_\_\_\_\_ (Name of Participant), have the opportunity to participate in Hoofbeats for Hope Ltd., Co. Therapeutic Riding program at Hoofbeats for Hope Ltd., Co. Therapeutic Riding Center.

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 barn, in transit to and from the arena 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 Hoofbeats for Hope, Ltd., Co. Therapeutic Riding Center, all the Center's officers, agents, employees and volunteers, any allied health, mental health professionals and any other professionals volunteering and/or contracting with Hoofbeats for Hope Ltd., Co. Therapeutic Riding Center 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 Slaughterville, Cleveland County, Oklahoma.

### WARNING

#### TITLE 76 O.S.A. SEC. 50.3 (THE OKLAHOMA LIVESTOCK ACTIVITIES LIABILITY LIMITATION ACT) STATES:

..... a livestock activity sponsor, a participant, or a livestock professional acting in good faith and pursuant to the standards of the livestock industry shall not be liable for injuries to any person engaged in livestock activities when such injuries result from the inherent risks of livestock 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 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

\_\_\_\_\_  
Printed Name of Parent/Guardian