

HorseBuds Inc.

Application for Volunteer

Information Form and Health History

Background Check
 Yes ___
 No ___

OFFICE USE ONLY: Date Rec'd _____	
Updated _____	
<input type="checkbox"/> HL	<input type="checkbox"/> SW
<input type="checkbox"/> Admin	<input type="checkbox"/> Maint
<input type="checkbox"/> HT	<input type="checkbox"/> Crew
<input type="checkbox"/> WheelC	<input type="checkbox"/> Disability
Signed Application	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical	<input type="checkbox"/> Yes <input type="checkbox"/> No
Photo Consent	<input type="checkbox"/> Yes <input type="checkbox"/> No
Release of Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No
Code of Ethics	<input type="checkbox"/> Yes <input type="checkbox"/> No

General Information for volunteers ages 14 - 70 +

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip Code _____
 Date of Birth: _____ Phone: (H) _____ (W) _____
 Best Contact Phone Number: _____ Text? Yes No
 Email: _____
(HorseBuds uses email as the primary means of communication with volunteers. Emails will not be sold or shared.)
 Occupation/School _____

Emergency Contact:

Name: _____ (relationship) _____ Phone: _____
(For volunteers from age 14 to under 18 years) Volunteer's Parent or Guardian name (Print)

HorseBuds Inc. cannot accept applicants into VOLUNTEER PROGRAMS who have been convicted of any crimes against persons or animals.

VOLUNTEERS OVER 18 YEARS of age will be subject to a background check as part of this application process. Adults please take the background check BEFORE completing this form. Follow the instructions on the website Volunteer page. www.horsebudstrc.org

Health History Please describe your current health status: fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries. **SPECIAL NEEDS OR DISABILITIES MUST BE DISCLOSED or any use of medications that affect ability to function.**

Recent Medical Exam: _____ Tetanus: _____ Tuberculosis test: _____ positive/negative
 Allergies to foods or medications: _____

Interests *(Check areas in which you are interested.)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Public Presentations | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Classes | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Open Stable | <input type="checkbox"/> Volunteer Recruitment |

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: _____

Signature of Volunteer (above). (Below) Signature of a Parent or Legal Guardian if volunteer is under 18.

Signature: _____ Date: _____

HorseBuds Inc.

Application for Volunteer Interests and Skills

INTERESTS

Why do you want to volunteer with HorseBuds?

Please list any special skills that you could offer (*i.e., sign language, computer, carpentry, Spanish*):

Please describe your general background (*i.e., education, work experience*):

RELATED EXPERIENCE AND SKILLS

Have you ever worked with children or adults with cognitive, emotional or physical disabilities? No Yes

If Yes, please describe including specific skills /degrees: _____

Please describe your experience working with horses?

Are you certified in: First Aid CPR Certificate expiration date: _____

TIME COMMITMENT

What is your availability and amount of time you are interested in volunteering?

Weekly Monthly Occasionally

Our days of operation are Wednesday, Thursday, Friday, and Saturday with times scheduled between 9:00 AM to 5:00 PM to reflect seasonal temperatures. No classes will be held during the winter but volunteers will still be needed regularly. Please indicate below what times you are available. The schedule will be sent out weekly.

Wed. _____ Thurs. _____ Friday _____ Saturday _____

HorseBuds Inc.

Application for Volunteer Consent for Emergency Medical Treatment

In case of an emergency, this form will accompany the volunteer to the medical facility where emergency medical treatment will be administered.

Participant's Name: _____ DOB (mm/dd/yy): _____

Physician's name: _____ Phone: _____

Medical Facility: _____ Phone: _____

Dentist's name: _____ Phone: _____

Emergency contact: _____ Phone: _____ Text Y N

Allergies (Medicines or Food) _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer Consent for Emergency Treatment

In the event that emergency medical aid/treatment is required due to illness or injury during the course of my volunteer activities with HorseBuds, Inc., I authorize its personnel to secure and retain medical treatment and/or transportation if needed. I authorize the release of my medical records as included in this participant packet to any person involved in medical treatment or transportation.

Participant's Consent signature: _____ Date : _____

Please Print name also: _____

Signature of volunteer parent, or guardian (if volunteer is a minor under 18) below.

Parent/Guardian's Consent signature: _____ Date : _____

Please Print name also: _____

HorseBuds Inc.

Application for Volunteer

Photo Release/Background Check

Photo release consent: Yes No
Background Check completed: Yes No

Photo and Video Release for (print name) _____

I DO I DO NOT consent to and authorize the use and reproduction by HorseBuds Inc. (a PATH International Center) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, www.horsebudstrc.org website and Face Book, exhibitions or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

Background Information

Have you ever been charged with or convicted of a crime? Yes No **Please Explain**

I, _____ (volunteer), authorize HorseBuds Inc. 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 an volunteer, and I expressly DO NOT authorize HorseBuds Inc., its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ **Date:** _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

CURRENT DRIVER'S LICENSE Yes No LICENSE NUMBER _____ STATE: _____

Confidentiality Agreement: I, _____, (print name) understand that all information (written and verbal) about participants at HorseBuds Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Volunteer signature: _____ **Date:** _____

HorseBuds Inc. Volunteer Code of Ethics

Statement of Intent: The purpose of the HorseBuds' Code of Ethics is to provide volunteers with an ethical and responsible framework from which to serve.

Agreement Concerning Volunteer Services

This Agreement Concerning Volunteer Services is made by and between HorseBuds Inc. ("HorseBuds") and _____ ("Volunteer"). Volunteer wishes to perform volunteer services at HorseBuds, and HorseBuds agrees to receive such services under the terms and conditions set forth below:

1. Volunteer agrees to comply with all policies and procedures established by HorseBuds.
2. HorseBuds will provide a volunteer orientation/training, provide the necessary paperwork to maintain a PATH Intl. Center and train volunteer as to its use, provide a volunteer handbook and a volunteer job description specific to duties performed.
3. **Volunteer agrees to maintain in strict confidence, both during the period he/she is performing volunteer services and forever thereafter, all confidential information concerning participants in HorseBuds programs which may become known to Volunteer during the course of performing volunteer services, including without limitation, all contacts, forms, records, and verbal or written communications.**
4. Volunteer agrees to perform only such volunteer services as are authorized by HorseBuds and to follow the instructions and directives of its staff.
5. Volunteer acknowledges that he/she is not and shall not be considered to be an employee of HorseBuds, shall not receive compensation for any volunteer services, shall not be covered by HorseBuds worker's compensation insurance and shall not be entitled to receive any benefit programs offered by HorseBuds.
6. Either the volunteer or HorseBuds may terminate this volunteer relationship at any time. HorseBuds requests the volunteer to provide at least 3 days notice of termination, so that schedules may be adjusted to provide uninterrupted services to clients.
7. Volunteer agrees to be respectful towards HorseBuds program participants, its staff and other volunteers, to participate in volunteer training and to bring attention of the instructor any issue Volunteer believes may have an adverse effect on HorseBuds.
8. Volunteer agrees to positively represent HorseBuds in the community.
9. This Agreement constitutes the entire agreement between Volunteer and HorseBuds, and it supersedes and replaces any prior agreements or understandings. This Agreement cannot be modified except by a writing signed by both parties.

As a Volunteer, I will not:

1. Criticize HorseBuds, fellow volunteers, and staff members or their opinions.
2. Use the organization for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. **Violations of the Code of Ethics are to be reported to staff and could lead to the suspension or termination of the volunteer.**

As a HorseBuds volunteer, I agree to adhere to and to be responsible for maintaining the Code of Ethics.

Printed Name of Volunteer _____ Date _____

Signature of Volunteer _____

For volunteers ages 14-17: My son/daughter/ward has read the Agreement and agrees to its terms and conditions.

Signature of Volunteer's parent/guardian _____ Date _____

HorseBuds –Volunteer Policies & Procedures

Policies & Procedures: HorseBuds Inc. implements the following policies and procedures for the safety of the participants, volunteers, instructors and horses. Your signature acknowledges that you have read, comprehend, and will abide by all policies and procedures. Thank you for your understanding that **these policies are not flexible** and are followed to help promote an environment that will be therapeutic and safe for the participants.

New Volunteers: All new volunteers, age 18 +, must provide the results of a BACKGROUND CHECK (updated annually) with Verified Volunteers in order to volunteer in classes in HorseBuds programs. Please follow the instructions on the www.horsebudstrc.org website Volunteer Page.

Attendance: Class appointments are considered a mutual commitment between participants and volunteers. Please give notice in advance if you are unable to attend a class in a session so a substitute volunteer can be notified.

Sickness: *If sickness occurs the day before a scheduled class, please cancel at that time rather than waiting until the day of class to cancel.* If sickness occurs *the day of the class*, please text or call Deb Michael at 970-396-4181. NOTE: Emails are not checked during the day.

CLASS cancellations by HorseBuds: The center calendar is posted on the website (www.horsebudstrc.org). Please call/text Deb Michael, 970-396-4181, for verification of cancellations due to extreme weather.

Inclement Weather: Please do not assume classes will be cancelled due to the hot, cold, or windy weather, or if there is icy or muddy footing.

Class Arrival/Departure: Please arrive at least 30 min. before your class to help set up and receive class briefing. Plan to stay at least 30 min. after class to help put away equipment and to debrief.

Riding: We are not offering therapeutic riding at this time. All classes are unmounted.

Attire:

- Volunteers must wear sturdy shoes or boots.
- No open-toed shoes, sandals, or sneakers are to be worn around animals.
- Please do not wear skirts short or long.
- Remove jewelry, such as, large earrings, necklaces, bracelets, lanyards, or anything that could get caught on equipment.
- **PLEASE DRESS MODESTLY.**

HorseBuds –Volunteer Policies & Procedures

Rules and Safety: HorseBuds TRC

- Use protection from the elements—sunblock, bring water, jackets etc.
- Hand feeding treats to horses is not permitted because it can cause nipping.
- No smoking, marijuana, or alcohol is permitted on the property. Inebriated persons will be asked to leave the premises. An emergency contact will be called if needed.
- No weapons permitted on the property. HorseBuds TRC is a firearm free zone.
- HorseBuds is a “G” rated facility! Please model appropriate language.
- Please leave your pets at home, and not in vehicles.
- Participants are supervised (by two people at minimum) while in class.
- Persons exhibiting inappropriate, unsafe or disruptive behavior may be asked to leave the facility and could be banned permanently from center activities.
- No stopping on bridge or walking in ditches (whether water is flowing or not).
- Keep gates closed. Please do NOT climb on gates.
- Keep office and tack room doors closed and cat-free.
- Park north of the barn and use extreme caution when driving into and out of the barnyard. Parking in front of the barn is reserved for program participants.
- Speed limit is 5 mph.

Visitors: Visitors and classes are by appointment only.

- Please give advance notification to the instructor before bringing visitors. Visitors accompanying class participants/volunteers must stay in designated waiting areas as determined for that day by the instructor. Without permission and a signed liability release, no contact with animals, use of facility equipment, access to barn, paddock, or backyard areas is allowed unless permitted and accompanied by staff.

Confidentiality:

- Please respect the privacy of all participants, families, caregivers, volunteers, and staff by keeping personal information regarding other individuals confidential.
- Due to the sensitive nature of clients with special needs and their families, please respect our client’s privacy outside of HorseBuds TRC.

Backyard Rules: Backyard is accessed by permission • No climbing up ropes. • Use appropriately all swings and equipment. • Two volunteers must accompany a child in the tree house. • When walking with children to the backyard—note County Road 70’s speed is 55 mph. • Access to animal pens is by permission of instructor. • Emergency contacts are posted in office. Follow the directions of the staff.

Emergencies

- Instructor will have in possession a charged cell phone at all times.
- First Aid kits for humans (office) and horses (small tack room) are on-site.
- Fire Extinguisher is in the barn next to the office door.
- Occurrence/Incident reports: All parties involved must fill out report.
- Loose horse or struggling horse: Do not attempt to handle situation; notify staff.

HorseBuds TRC does not discriminate based on age, gender, race or nationality, religion, ethnicity, social or economic status, sexual orientation, health condition or disability.

HorseBuds Inc. Acknowledgement Form

Policies and Procedures: Please keep a copy of the two page volunteer policies and procedures, as well as, the Volunteer Handbook for future reference.

I, (print name) _____, have read HorseBuds Inc.'s Policies and Procedures, and Volunteer Handbook, and understand that I am responsible to know and abide by all the stated policies, procedures and instruction for my safety and for the safety of others.

Signature of participant (or signature of parent/guardian if participant is under 18 years of age) Date: _____

Photo Policy

Personal photos and videos of program participants are not allowed at HorseBuds Inc. unless given permission from staff for photos and videos to be taken for the purpose and use of HorseBuds Inc. This is to protect the privacy and rights of the participants who have signed a release agreement with HorseBuds Inc. Unauthorized release of photo/videos is prohibited.

Signature of participant (or signature of parent/guardian if participant is under 18 years of age) Date: _____

Volunteer Confidentiality

I agree that written and verbal information concerning participants at HorseBuds Inc. is confidential and will not be shared with anyone without written consent of the participants/parent or guardian.

Signature of participant (or signature of parent/guardian if participant is under 18 years of age) Date: _____