

TROTR Volunteer Application



Contact Information:

Name: _____ Date: _____
 Address: _____
 City: _____ State: ____ Zip: _____
 Employer or School: _____ Date of Birth: _____
 Phone: (H) _____ (C) _____ (W) _____
 Email Address: _____
 Parent/Legal Guardian Name and Address (If under 18): _____

How did you learn about TROTR? _____ May we add you to our mailing list? Yes No

*We periodically send notifications by mail or email to our volunteers about events or volunteer opportunities.
 Your contact information will be kept strictly confidential and will never be sold, lent or shared with anyone for any reason.*

Your Volunteering Interests:

Please indicate the volunteer positions that interest you, so that we can match your talents and abilities with TROTR projects and needs.

<i>Program</i>	<i>Administration</i>	<i>Other</i>
<input type="checkbox"/> Leader *	<input type="checkbox"/> Office Support – Filing, Data Entry Newsletters, Communications,	<input type="checkbox"/> Maintenance/Cleanup/Construction/ Handyman
<input type="checkbox"/> Sidewalker*	<input type="checkbox"/> Nonprofit Help – Grant Writing, Public Outreach, Publicity	<input type="checkbox"/> Horse Transporter – To Foster Homes and/or adoptive homes
<input type="checkbox"/> Stable Chores	<input type="checkbox"/> Fundraiser – sponsorships, raffles, fairs, membership, etc.	<input type="checkbox"/> Horse Foster (Off Property – Must complete the fostering questionnaire*
<input type="checkbox"/> Horse Care – Grooming, Bathing, Hand walking	<input type="checkbox"/> Promotions – advertising, organizing activities, booths	<input type="checkbox"/> Horse Transporter – To Foster Homes and/or adoptive homes
<input type="checkbox"/> Petting Zoo Animal Care – Grooming, Bathing, Hand walking	<input type="checkbox"/> Special Event Assistant (Petting Zoos, Birthday Parties, etc)	<input type="checkbox"/> Sponsor TROTR horses – monthly donation to assist with feed/care of a specific horse
<input type="checkbox"/> Horse Training/Rehabilitation – Groundwork, Riding and Troubleshooting	<input type="checkbox"/> Follow-up (via email and/or phone each year with adopters)	<input type="checkbox"/> Photography (for website and marketing)
	<input type="checkbox"/> Board Member	<input type="checkbox"/> Other Ideas to help?

* Please see eligibility requirements for these volunteer positions

Please provide details about any prior experience you have with horses and/or people with special needs:

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

Signature: _____ Date: _____
 Parent Signature: _____ Date: _____

Parent or Guardian's signature is required for anyone under the age of 18.

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If to you are interested in working directly with horses, please complete this section:

(Please note: previous experience with horses is not a requirement of volunteers.)

Horse Experience – please describe:

Years of horse experience _____ Do you consider yourself a Beginner, Intermediate or Advanced

What days would you like to volunteer? _____ What hours? _____

How many hours per week would you like to volunteer? _____ Or, do you prefer to work sporadically? _____

Have you ever volunteered with a non-profit before? _____ If yes, please specify _____

You will be required to participate in our volunteer Safety with Horses Training.

I certify that the information given is true and correct:

Signature: _____ **Date:** _____

Background Information:

Have you ever been charged with or convicted of any crime? Yes No

Please explain:

Volunteer Release and Hold Harmless:

Horseback riding and working around horses involves risk. No volunteer will be accepted for participatory service until this form has been read, understood, completed, and signed by the student/volunteer, if that person is of legal age and sound mind, or by the parent(s)/guardian(s) of a minor who is applying to be a student/volunteer.

Although participation in the program is under supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved with riding and working around horses. These risks include bodily injury from horseback riding or from being in close proximity to horses. There is a chance that both horse and rider could be injured during normal use, in competition, or during schooling. In order to provide its service, NO LIABILITY can be accepted by TROTR or any of the organizations and persons connected with TROTR.

In consideration, for the privilege of riding and/or working around horses at TROTR, the undersigned, as self or as parent/guardian of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify TROTR, its officers, directors, trustees, agents, employees, representatives, successors, and assigns from all manner of liability, loss, costs, claims, demands, and damages of every kind and nature whatsoever, including but not limited to reasonable attorney fees, which the undersigned or said minor may now or in the future have against TROTR, its officers, directors, trustees, agents, employees, representatives, successors, and assigns on account of any accident, damage, injury, illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at TROTR or relating to TROTR, its officers, directors, trustees, agents, employees, representatives, successors, and assigns including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

Initial _____ **Date** _____

Confidentiality Agreement:

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

Initial _____ **Date** _____

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Photo Release:

I, **(please print your name)** _____, give TROTR, the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media (e.g. video, CD-ROM, Internet/WWW), or other form of promotion. I release TROTR, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use. I *hereby grant permission to TROTR the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of me/my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of TROTR*

Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent or Guardian's signature is required for anyone under the age of 18.

Responsibilities:

I agree to take responsibility for any damages done to the property and/or equipment by myself or my child/ward. I will discuss any damages with TROTR to determine the best course of action for repairs and/or replacements.

Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent or Guardian's signature is required for anyone under the age of 18.

Health History:

Please describe your current health status. Address fitness, cardiac, respiratory, bone or joint function and or recent hospitalizations/surgeries, that may hinder your capabilities as a volunteer:

Allergies: _____ Last Tetanus Shot: _____

Medications: _____

In Case of Emergency:

Name: _____ Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

Address: _____ City: _____ State: _____ Zip: _____

Physician: _____ Phone: _____ Hospital: _____

City: _____

Insurance Provider: _____

Plan #: _____

I give my consent for medical emergency treatments/aid in the case of illness or injury during my participation in a TROTR program or while being on the property of the organization. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician.

Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Parent or Guardian's signature is required for anyone under the age of 18.

Staff Use Only

Introduction to TROTR Property and Facilities Completed on: _____ TROTR Sign Off _____

Introduction to TROTR Therapeutic Riding Program Completed on: _____ TROTR Sign Off _____

Entered into Database Cleared to Lead as of _____

Special Notes: