



VOLUNTEER REGISTRATION FORM

Horsefeathers Therapeutic Equestrian Center, Inc.

1095 VZCR 3611, Edgewood, TX, 75117 Phone/Fax: (903)896-7002

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Work Place _____ Work Phone _____

Current Drivers License Yes ___ No ___ License Number _____ State _____

If under age 18, Name of Parent/Guardian _____

Work Place _____ Work Phone _____

In case of emergency, notify _____ Home Phone _____

Relationship _____ Work Phone _____

Physician _____ Phone _____

Hospital and Town Preferred _____

Do you have special talents that you would like to share (i.e. sign language, artistic, carpentry skills)?

Have you had any experience working with people who have a disability and/or dysfunction? _____

Have you had any experience with horses? _____

CONFIDENTIALITY STATEMENT

As a volunteer of Horsefeathers Therapeutic Equestrian Center, Inc. (hereinafter referred to as Horsefeathers), I understand and agree that I must hold both written, verbal, personal, and medical information regarding staff, volunteers, students/families confidential. Any questions concerning a student of Horsefeathers may be addressed to the Executive Director and/or instructor.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer under 18 yrs)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? _____ Please explain _____

I, _____ authorize Horsefeathers Therapeutic Equestrian Center, Inc. to receive information from any law enforcement agency, including police departments and sheriffs departments, of this state or any other state or federal governments, 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 a volunteer, and that I expressly DO NOT authorize Horsefeathers Therapeutic Equestrian Center, Inc., its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer under 18 yrs)

PHOTO RELEASE

The undersigned volunteer hereby grants to Horsefeathers Therapeutic Equestrian Center, Inc. (hereinafter referred to as Horsefeathers) permission to take or have taken still and moving photographs and films including television pictures of volunteers and consents and authorizes Horsefeathers, its advertising agencies, news media and any other person interested in Horsefeathers and its work, to use and reproduce any and all photographs, and any other audio-visual materials taken or me and circulate and publicize the same by all means including, but not limited to, newspaper, television, media, brochures, pamphlets, instructional material, exhibits, books and clinical material or for any other use for the benefit of Horsefeathers.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer under 18 yrs)

NON-CONSENT

I do not give my consent to Horsefeathers Therapeutic Equestrian Center, Inc. to take or have taken still and/or moving photographs and films including television pictures.

Signature of non-consent Volunteer, Parent or Guardian _____ Date _____

VOLUNTEER LIABILITY RELEASE

Initial As a volunteer at Horsefeathers Therapeutic Equestrian Center, Inc. (hereinafter referred to as Horsefeathers), I acknowledge the risks and potential for risks of a horseback riding program and that no liability can be accepted for accidents by any of the organizations concerned, including Horsefeathers. I understand that I may be assisting with the instructional riding class of a Horsefeathers student challenged with a disability and/or dysfunction. I am aware and understand that I may be working with teens participating in Horsefeather’s Juvenile Intervention Programs including adjudicated and/or troubles teens. I understand that I will be working with and around the horses of Horsefeathers; however, I feel that the possible benefits to myself and the students I work with are greater than the risk assumed. I, the undersigned volunteer, hereby, intending to be legally bound, for myself, me heir and assigns, executors or administrators, waive and forever release, acquit, discharge and hold harmless all claims for damages against Horsefeathers, its board of directors, trustees, agents, instructors, therapists, employees, representatives, successors, assigns, volunteers, owners of the property on which Horsefeathers operates, for any and all manner of claims demands and damages of every kind or nature whatsoever, which volunteer may now, or in the future have against Horsefeathers, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Horsefeathers operates, successors or assigns on account or any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of Horsefeathers, its board of directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of the property on which Horsefeathers operates, successors or assigns.

Initial **Under the Texas Equine Liability Act, (Chapter 87, Civil Practice and Remedies Code), an 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.**

Initial I understand that if I am injured while performing normal Horsefeather activities (sidewalking, leading horses, grooming, tacking up, assisting at fundraisers or participating in volunteer training) I am covered by Horsefeathers insurance for medical expenses up to the policy’s limit of \$5,000.00 per person.

Initial I understand that if a student is injured and brings suit against me as a volunteer, Horsefeather’s insurance policy treats me as an additional insured and will defend me within the bounds of its policy.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer under 18 yrs)

VOLUNTEER EMERGENCY MEDICAL FORM

Name _____ Birth Date _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cellular Phone _____

Work Place _____ Work Phone _____

If under age 18, Name of Parent/Guardian _____

Work Place _____ Work Phone _____

In case of emergency, notify _____ Home Phone _____

Relationship _____ Work Phone _____

Attending Physician _____ Phone _____

Address _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy Number _____

Allergies to medications _____

Describe any medical condition requiring special precautions or treatment _____

List any medications and dosage _____

Please mark any condition that may prevent you from working a full hour or more in the arena:

High Blood Pressure _____ Allergies _____ Heart Conditions _____ Knee Injuries _____

Shoulder/Arm Weakness _____ Back Problems _____ Other _____

Please explain any condition marked: _____

In case of medical emergency, the undersigned volunteer authorizes Horsefeathers Therapeutic Equestrian Center, Inc., to secure and retain such medical assistance and transportation as they determine to be necessary and proper.

In case of medical emergency, the undersigned volunteer authorizes Horsefeathers Therapeutic Equestrian Center, Inc. to secure medical/surgical treatment and/or hospitalization for the volunteer which they determine necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but not limited to, anesthesia, x-ray, surgery, hospitalization and medication.

No person can be accepted for volunteer services until this form has been completed by the volunteer, or parent or guardian if the volunteer is under eighteen (18) years of age. Volunteer services will be under supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including Horsefeathers Therapeutic Equestrian Center, Inc.

Yes, I would like to volunteer or have my son or daughter or ward to volunteer. I understand that NO LIABILITY can be accepted by any organization concerned with this volunteer service, including Horsefeathers Therapeutic Equestrian Center, Inc., in the event of any accident that may occur.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(if volunteer under 18 yrs)

NON-CONSENT

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 Horsefeathers. In the event emergency treatment/aid is required, I wish the following procedure to take place: _____

Non-Consent Signature of Student/Parent/Guardian _____

Print Name _____ Address _____

Horsefeathers Therapeutic Equestrian Center Inc.

HIGHLIGHTED POLICIES:

1. We strongly suggest teenagers be fourteen (14) years of age or older to volunteer.
2. A parent or designated adult must be on the property at all times during the time a student is participating in a class time.
3. Horsefeathers serves children and adults who are challenged with:
 - a. cognitive disabilities
 - b. physical disabilities
 - c. abuse
 - d. alcohol and drug addictions
 - e. behavioral delinquency
 - f. psychological issues
4. A student must sign several forms including; a general informational page, a physician's referral statement signed by the attending physician, an emergency medical form and liability release. A photo release is optional. These forms are updated annually.
5. A Horsefeathers volunteer must sign a registration form which includes; general information, a photo release, a confidentiality statement, a liability release and an emergency medical form. This form is updated annually.
6. As of September 1995, Texas enacted the following law:
Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.
4. For safety, no one is allowed on the ramps; to sit, play or climb. Please do not cut through the ramps to get to the horses
5. Siblings must be monitored by a parent or designated adult at all times. Please no running or climbing on fences, carts or ramps. The picnic area may be used for outdoor play.
6. Ask an instructor prior to taking any pictures or video taping.
7. No dogs allowed except resident dogs.
8. Family member, care giver; once the student has begun their class time, feel free to observe from the benches, lounge or your car.
9. Students must wear long pants and closed toed shoes for their ride class. If a student comes to ride in shorts, a dress or sandals, they will spend their class time learning in other Fashions.
10. Volunteers must wear closed toed shoes. Please wear appropriate clothing to work outside, refraining from wearing revealing clothing or jewelry except for a watch.
11. Horsefeather's phone is not to be abused, necessary calls may be made, remembering that Horsefeathers is a place of business, keeping the length of telephone calls short. Please do not make a long distance call.
12. PLEASE do not feed any of the horses, dogs and/or cats.

GENERAL RULES

1. Smoking is prohibited at the Horsefeathers facility.
2. Chewing gum is prohibited at the Horsefeathers facility.
3. Students are not allowed in the barn area unless an instructor is monitoring.
13. PLEASE do not reach through any fences to pet the horses.
14. PLEASE remember to treat everyone here with the same respect you would want them to treat you with.
15. Lastly, PLEASE enjoy your time at Horsefeathers.

I have read and understand what is written and agree to follow Horsefeather's policies and rules. I understand and am aware of the Texas Equine Liability Act. I understand and am aware of the various populations served by Horsefeathers and understand that adults and/or teens may be serving their court appointed community service hours.

Signature of volunteer, student, parent or guardian _____ Date _____

Printed name of volunteer, student, parent or guardian _____

If the volunteer or student is under the age of eighteen (18), a parent or guardian must sign and date for the minor.

*PLEASE LEAVE THIS PAGE ATTACHED TO THE APPLICATION
A COPY OF THE POLICIES AND RULES CAN BE OBTAINED FROM THE OFFICE*