



**Front Range Exceptional Equestrians**  
**PO Box 272452**  
**Fort Collins, CO 80527**  
**Voice Mail (970) 221-0646**



A NARHA Premier Accredited Center

## VOLUNTEER INFORMATION FORM

Today's Date \_\_\_\_\_ Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street/ Box

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Parent/ Legal Guardian Name/ Address if under 18 \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Have you ever volunteered in a therapeutic riding program before? Please explain \_\_\_\_\_

Have you ever been convicted of a felony or any crime against children or animals? Please explain any Yes answer \_\_\_\_\_

Do you have any physical limitations which might affect your ability to assist a disabled client during a 60 minute riding lesson? \_\_\_\_\_

**OVER**

Do you have any experience working with disabled individuals? \_\_\_\_\_  
\_\_\_\_\_

Do you have any experience transferring a disabled person from a wheelchair or walker? If yes, would you be willing to be trained to help with mounting riders on horses? \_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with horses/ponies? Please explain \_\_\_\_\_  
\_\_\_\_\_

If you are 12-14 years old, are you a member of 4-H or Pony Club? Other horse organization member? \_\_\_\_\_

Would you be comfortable walking for an hour in sand or dirt? Yes No

Can you jog for short distances? Yes No

Can you hold your arm above shoulder height and support a modest weight for 30 minutes or more? Yes No

Do you have any allergies/ asthma that may affect your work in the barn? Please explain Yes answers \_\_\_\_\_  
\_\_\_\_\_

**To help us use your time most efficiently, please indicate the days and times you would be available for volunteer activities for our program:  
Circle day(s)/time(s) available**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday  
                         Mornings      Afternoons      Evenings

**Check areas you are interested in, (you may choose more than one):**

**Program**

- Horse Handling
- Sidewalking with a student
- Tack/ Equipment cleaning
- Class Assistant for Instructor
- Volunteer recruitment

**Special Events**

- Horse Show
- Fundraising Events
- Ride-a-Thon
- Special Olympics
- Photo/Video Recording

**Administration**

- Board of Directors
- Budget & Finance
- E-Newsletter
- Grant Writing
- Public Relations

**The Job I most prefer to have is :**

Weekly class volunteer assisting the disabled riders \_\_\_\_

Work on Projects/ Committees (I have checked areas of interest above) \_\_\_\_

I have volunteered for at least one 6-week session, and would like to be considered as a Substitute class volunteer \_\_\_\_ I volunteered for \_\_\_\_\_ Session this year.

How much notice do you need to get to classes to sub?

30 minutes or less \_\_\_\_\_

1 hour or more \_\_\_\_\_

At which location can you sub? Legacy CSU Either

I understand 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 \_\_\_\_\_

**Photo Release**

I **DO/ DO NOT** (circle one) consent to and authorize the use and reproduction by Front Range Exceptional Equestrians of any and all photographs and other audiovisual material taken of me/my child/ my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the Front Range Exceptional Equestrians program.

\_\_\_\_\_ Date \_\_\_\_\_

Volunteer, Parent or Legal Guardian

**Volunteers MUST Complete and sign these releases. If under 18 a Parent or Guardian must sign.**

**Confidentiality Policy**

Volunteers, Clients and their families have a right to privacy that gives them control over the dissemination of their medical and other sensitive information. Front Range Exceptional Equestrians will preserve the right of confidentiality for all individuals in this program. The policy includes keeping confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Anyone who works for or volunteers for Front Range Exceptional Equestrians therapeutic riding program is bound by this policy. This includes but is not limited to: full and part-time staff, independent contractors, temporary employees, volunteers, and board members and applies whether the information is obtained in the course of your work here or accidentally.

Disclosure of medical or sensitive information to individuals within Front Range Exceptional Equestrians will only occur on a need to know basis, so that appropriate services may be provided to the client. Disclosure of information to outside agencies or individuals will only occur with specific written consent of the client or parent or legal guardian.

Breach of confidentiality whether accidental or intentional will result in penalties ranging from reprimand, loss of job responsibilities, or termination depending on the circumstances of the incident.

**By Signing below I state that I understand and will observe the confidentiality policy of Front Range Exceptional Equestrians therapeutic riding program.**

Signature of volunteer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent if under 18 \_\_\_\_\_ Date \_\_\_\_\_

**Liability Release**

**WARNING: Under Colorado law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Section 13-21-119 Colorado Revised Statutes.**

\_\_\_\_\_(Name) requests participation as a volunteer in the Front Range Exceptional Equestrians therapeutic riding program. I acknowledge the risks and potential risk of injury during horseback riding therapy and working with horses. However, I feel that the possible benefit to myself/ my child/ my ward warrants assumption of these risks. I hereby, intending to be legally bound, for myself, my heirs, and my assigns, executors and administrators, waive and release forever all claims for damages against Front Range Exceptional Equestrians, its Board of Directors, Instructors, Therapists, Aides, Volunteers, Horse Owners, Property Owners, and/ or Employees for any and all injuries and /or losses that I/ my child/ my ward may sustain while participating in Front Range Exceptional Equestrians therapeutic riding program.

\_\_\_\_\_  
Signature of person releasing liability Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name Relationship to Volunteer

**EMERGENCY TREATMENT RELEASE**

Name \_\_\_\_\_ Parent/Guardian (if minor) \_\_\_\_\_

Address \_\_\_\_\_

Phone Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

**Whom should we contact in case of emergency during your time at Front Range Exceptional Equestrians?:**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

Preferred Doctor or hospital \_\_\_\_\_

Please list any health or medical condition which may affect your safety and that emergency personnel should be aware of ( allergy to bees or insects or medication, asthma, diabetes, seizures, hearing impairment, limited mobility, balance difficulty, visual impairment, etc.)

**Consent for Emergency Treatment**

I give my consent for emergency medical treatment/aid in the case of illness or injury during my/ my child's participation in the Front Range Exceptional Equestrians program or while being on the property of the agency. This authorization includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the emergency physician.

**Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**--OR--**

**NON-CONSENT for Emergency Treatment**

I **DO NOT** give my consent for emergency medical treatment in the case of illness or injury while participating in the Front Range Exceptional Equestrians program or while being on the property of the agency. If emergency treatment/ aid is required, the following should occur:

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

**For CHILDREN UNDER THE AGE OF 18, A PARENT WILL REMAIN ON SITE DURING ALL ACTIVITIES.**

**NON-CONSENT Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_