



PO Box 172, Ridgway, PA 15853  
<http://facebook.com/groups/BMFNTinc>  
 bmftinc@gmail.com  
 (814) 387-3571

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Date: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please include me on the BMFNT email list: (Circle) Yes No

Email(PRINT): \_\_\_\_\_

Employer or School District: \_\_\_\_\_

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

Does your employer match funds or support volunteerism in any way? \_\_\_\_\_

How did you hear about Big Maple Farm's Natural Therapies, Inc.? \_\_\_\_\_

Additional family member(s) in my home will also be volunteering at BMFNT  
 [List names & ages ABOVE] I will be volunteering with a group, which is:

\_\_\_\_\_

A case-manager or aid will be accompanying me/us.

Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Phone: \_\_\_\_\_

I am volunteering at BMFNT to fulfill a community service requirement for (Circle):

School Church Court Other (specify): \_\_\_\_\_

Hours required: \_\_\_\_\_ Due date: \_\_\_\_\_

Reason: \_\_\_\_\_

BMFNT staff is 100 % volunteer. Our volunteers assist wherever there is work to be done. We would like to know the tasks which you would like to do and for which you are qualified. Check all that apply.

|                                 |                                 |                                |                        |                         |
|---------------------------------|---------------------------------|--------------------------------|------------------------|-------------------------|
| Horse Leading                   | Side Walking                    | Gardening                      | Art Work               | Fund Raising            |
| Small Animal Feed, Water, Brush | Small Animal Enclosure Cleaning | Tacking up and Simple Grooming | Telephone Contacting   | Barn and Stall Cleaning |
| Photography/ Video Taping       | Horse Feeding and Watering      | Special Events Organization    | Volunteer Coordination | Volunteer Recruitment   |



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Please list any medical considerations that might limit your volunteer activities:

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Have you ever owned a horse? (if yes, please include when, how long, type of riding, breed, etc)

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My horse skills are (check all that apply):

|                          |             |                          |           |                          |         |                          |              |                          |          |
|--------------------------|-------------|--------------------------|-----------|--------------------------|---------|--------------------------|--------------|--------------------------|----------|
| <input type="checkbox"/> | Canter/Lope | <input type="checkbox"/> | Western   | <input type="checkbox"/> | Trot    | <input type="checkbox"/> | Jump         | <input type="checkbox"/> | Walk     |
| <input type="checkbox"/> | Jumping     | <input type="checkbox"/> | Hunt seat | <input type="checkbox"/> | Driving | <input type="checkbox"/> | Trail Riding | <input type="checkbox"/> | Pleasure |
| <input type="checkbox"/> | Dressage    | <input type="checkbox"/> | None      | <input type="checkbox"/> | Other   | <input type="checkbox"/> |              | <input type="checkbox"/> |          |

I have been involved in:

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My previous experience with a therapeutic riding program:

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Prior experience working with people with disabilities:

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Are you currently certified in (Circle):      CPR      First Aid

Interests/Hobbies

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I (circle one) **cannot/can** walk and jog (mostly walk) next to a horse for up to ½ hour at a time.

I understand that no liability can be accepted by any organizations or individuals concerned with this instruction, including Big Maple Farm's Natural Therapies, Inc., in the event of any accident occurring.

Volunteer Signature: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

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

Parent Name (please PRINT): \_\_\_\_\_



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## Volunteer Release Forms

### Volunteer Liability Release

\_\_\_\_\_ would like to participate in Big Maple Farm's Natural Therapies, Inc. program as a volunteer. I acknowledge the risks and potential of risks of such a program. However, I feel that the possible benefits to myself/my son/my daughter/ my ward are greater than the risk assumed. I hereby intend to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Big Maple Farm's Natural Therapies, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating as a volunteer in the program at Big Maple Farm's Natural Therapies, Inc.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer, parent or guardian)

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

(Must be a board member when turning form in) – Thank you for your cooperation!

### Photo release (optional)

I hereby consent to and authorize the use and reproduction by Big Maple Farm's Natural Therapies, Inc. of any and all photographs and any other audio/visual materials taken of me/my son/my daughter/ my ward for promotional material including printed materials, websites, social media sites, educational activities, exhibitions or for any use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(volunteer, parent or guardian)

### Authorization for Emergency Medical Treatment

Volunteer Name: \_\_\_\_\_ In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering or while being on the property of Big Maple Farm's Natural Therapies, Inc., I, the signature volunteer, or guardian of said volunteer, authorize Big Maple Farm's Natural Therapies, Inc. to: 1. Secure and retain medical transportation and medical/dental treatment if needed. This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the contact below is unable to be reached 2. Release client record upon request to the authorized individual or agency involved in the medical emergency treatment. Every effort will be made to notify significant other/parents/guardians immediately in case of emergency.



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**EMERGENCY CONTACT #1**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT #2**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS:**

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

**MEDICAL INSURANCE INFORMATION**

Name of Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Name of Member: \_\_\_\_\_  
Policy # \_\_\_\_\_  
Group Number: \_\_\_\_\_

I agree to be responsible for the cost of such emergency medical care.

Signature of adult volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## Volunteer Clearances

Dear Friends of Big Maple Farm's Natural Therapies,

We cannot Thank you enough for wanting to volunteer with us! The animals and us greatly appreciate all the help we can get ☺ We know that in the end you will be rewarded in many ways as well. However, before volunteering with us we must ask that you receive your clearances. We as an organization must have a copy of these on record and will ask for an update of them as well every 3 years. This is important so that we can keep our participants safe. To receive your clearances as a volunteer it is FREE unless you are required to also get your FBI background check (\$30) fee.

We need you to do the following background checks:

Criminal history background check: <https://epatch.state.pa.us/>  
(Completely free for volunteers and it directs you where to go once on the site)

Child abuse Record Check: <https://www.compass.state.pa.us/cwis/public/home>  
(Completely free for volunteers. You create an individual login and complete your record check)

FBI Background Check: [https://www.pa.cogentid.com/index\\_dpw.htm](https://www.pa.cogentid.com/index_dpw.htm)  
(Costs \$30 and must be completed with fingerprinting. Once registered you can take to a local location and be fingerprinted- \*\*\*\*\*YOU ONLY HAVE TO COMPLETE THIS CHECK IF YOU HAVE NOT LIVED IN PA FOR THE LAST 10 (TEN) YEARS !!!)

We must see the original that you print from the internet so that we can make the copy ourselves to date it! If you are required to do the FBI clearance it will be mailed to you and again we must see the original to make a copy. Please remember we do this to keep our participants safe and this is Federal and State mandates. We greatly appreciate your cooperation in this matter. We cannot run this program without our volunteers and Participant, Volunteer, and Animal Safety is of the utmost priority. We greatly appreciate all that everyone does here!

Thank you again and we look forward to working with you for many years!

Sincerely,

Amanda Balon  
President of BMFNT