



Suncoast Therapeutic Equine Partners, Inc.

1615 Verna Road
Sarasota, FL 34240

Volunteer / Staff Application and Health History Form

General Information:

Name: _____ Email: _____

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Address: _____ City _____ State _____ Zip _____

Employer/School: _____

Work Address: _____ City _____ State _____ Zip _____

Work Phone: _____

Parent/Guardian Name and Address (if applicable) _____

How did you learn about the program? _____

Date of last Tetanus _____

Consult your physician or local health department if you are not up to date with your Tetanus vaccination. It is highly recommended that individuals working in agricultural environments stay current with this vaccination.

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapy riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Authorization for Emergency Medical Treatment Consent Plan

(Please initial box for Consent)

☐

In the event emergency medical aid/treatment is required due to illness or injury while participating in the Suncoast Therapeutic Equine Partners (STEP) program. I authorize STEP to secure and retain medical treatment and transportation if needed. This authorization includes, but is not limited to, x-ray, surgery, hospitalization, medication and any treatment deemed "life-saving" by the physician. In addition, I authorize STEP to release my records to any individual involved in medical treatment and/or transportation I might need. This provision will be invoked only if the emergency contact person(s) listed below is unable to be reached.

Non-Consent Plan

(Please initial box only for non-consent)

☐

I **DO NOT** give my consent for emergency medical treatment in the case of illness or injury while participating in the STEP program. In the event emergency treatment aid is required, I wish the following procedures to take place (list procedures):

In case of emergency, contact:

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Physician's name _____ Phone Number _____

Preferred medical facility _____

Allergies to Medications _____

Health Insurance Company _____ Policy # _____

Photo Release (Please initial appropriate box)

I ☐ **DO** ☐ **DO NOT** consent to and authorize the use and reproduction by Suncoast Therapeutic Equine Partners (STEP) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Background Information:

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

I am 18 years of age or older and agree to complete a background check by accessing this link:

<https://step.quickapp.pro/forms/71ef195b-ddc5-41a5-864d-d1cc6bbebe76>

By doing so, I authorize STEP to receive information from law enforcement agencies 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 and/or federal criminal laws. I understand that the information provided to STEP through this background check is for the purpose of considering my application as a volunteer or employee, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual group, agency, organization or corporation.

The information provided above is accurate to the best of my knowledge. My signature below applies to the overall application, the emergency medical treatment plan, photo release and background information. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____
Volunteer or Staff

Signature: _____ Date: _____
Parent/Legal Guardian if Volunteer is under 18

Check which areas you are interested in:

	Programing		Special Events		Administrative
	Horse Handling		Fundraising		Public Relations
	Sidewalking With Client				Grant Writing
	Ground Maintenance				Photography/Video
	General Stable Help				

Confidentiality Policy

Suncoast Therapeutic Equine Partners (STEP) recognizes the right of participants and their families to have privacy and control over any information about them that might be personal or sensitive.

Those bound by the directives of this policy are all persons in any way connected with STEP, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors and instructors. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination to legal action.

Except as deemed necessary by the Board of Directors, information considered to be confidential includes all medical, familial, social, referral, personal and financial concerns regarding a rider and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the rider or family, STEP staff, volunteers or others associated with STEP, or inadvertently from other sources such as, but not limited to, a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes should be obtained in writing from the proper legal representative. For most children under the age of 18, this would be the parent or legal guardian. Adults age 18 and over with developmental disabilities are presumed competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from the decision-maker.

Code of Conduct Policy

Respect for Others:

I will respect the rights, dignity and worth of other STEP participants, volunteers, instructors, staff, friends, family members and spectators.

I will treat everyone equally regardless of sex, ethnic origin, religion or ability.

I will display control, respect, dignity and professionalism to all involved including participants, volunteers, instructors, staff, friends, family members and spectators.

Responsibility for My Actions:

I will dress and act at all times in a professional manner that will be a credit to STEP. I will not use profanity or insult or taunt others or engage in other forms of poor behavior. I will practice good sportsmanship.

I will not engage in any type of inappropriate behavior, sexual activity and/or verbal or physical abuse with other participants, volunteers, instructors, staff, friends, family members or spectators.

I will respect the property of STEP. I will respect each and every horse and will not engage in physically abusive behavior toward any of them.

I will obey all posted STEP rules of the farm.

I have read and understand the STEP rules of the farm.

I have read and understand the STEP Confidentiality Policy and Code of Conduct Policy and agree to observe these policies.

Print Name of Volunteer: _____

Signature of Volunteer: _____

Date: _____

SUNCOAST THERAPEUTIC EQUINE PARTNERS, INC.

Premises: 1615 Verna Road, Sarasota, FL 34240

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNIFICATION AGREEMENT**

By signing this Release and Waiver of Liability, Assumption of Risk and Indemnification Agreement ("Agreement"), I represent that I have read and understand the Agreement. Suncoast Therapeutic Equine Partners, Inc. is referred to herein as STEP, and includes the officers, directors, volunteers, staff, instructors and agents of STEP. "Equine" means a horse, mini horse, pony, mule, donkey or hinny. "Equine Activities" includes, but is not limited to riding, assisting in the care of or interacting with an Equine, either on or off the Equine at the premises of STEP or other locations and maintaining or repairing the facilities of STEP at its premises. I understand that these Equine Activities involve the risk of serious bodily injury or death.

In consideration of my or my child's/legal ward's participation and/or assistance and/or volunteering in the Equine Activities of STEP, I ("Participant" or "Volunteer") on my own behalf, or through my legal guardian, agree and consent to the following.

RELEASE AND WAIVER OF LIABILITY

I hereby release STEP and its officers, directors, volunteers, staff, instructors and agents from any and all claims, liabilities damages and losses, including any claim for personal injury, death or property damage sustained by me while participating in Equine Activities, including claims for liability caused in whole or in part by the negligent acts or omissions of STEP or STEP's failure to exercise reasonable care in the conduct of Equine Activities. I agree that I will not hold STEP responsible for any such injuries or death and agree not to sue STEP for such injuries.

ASSUMPTION OF RISK

I acknowledge that Equines and Equine Activities are dangerous and that my participation in such activities involves the risk of personal injury or death or property damage. I voluntarily assume all such risks, dangers and hazards inherent in such Equine Activities.

INDEMNIFICATION

I agree to indemnify, defend and hold harmless STEP and any released parties for any claims for personal injury, death or damage to property arising out of or relating to acts of the undersigned while participating in Equine Activities at STEP's premises or other locations.

DAMAGES

I agree to be responsible for all damages caused by me, my animals, invited minor children or anyone with me while on STEP's premises, property or grounds or while participating and/or volunteering in any Equine Activities.

ENFORCEMENT

I agree that this Agreement shall be governed by the laws of the State of Florida and that venue for any legal proceedings related to the Agreement shall be in Sarasota County, Florida. I agree that if I breach the Agreement, I will pay the attorney's fees and court costs incurred by STEP in the enforcement of the Agreement.

WARNING: Under Florida law, an equine activity sponsor or 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. Section 773.04 Florida Statutes.

Name of Participant/Volunteer _____

Signature (if 18 or older) _____ Date _____

Participant/Volunteer Address _____

Phone _____ Email _____

I hereby certify that I am authorized to sign this Agreement on behalf of the Participant/Volunteer.

Parent/Guardian (Print) _____

Signature) _____ Date _____

Address _____ Phone _____

Email _____