



SPECIAL TROOPERS ADAPTIVE RIDING SCHOOL

33148 K22—Sioux City, IA 51108—www.scstars.org—P: 712.239.5042—F: 712.224.3471

VOLUNTEER APPLICATION

Please print legibly

NAME: _____ Age: _____ DOB: _____ Height: _____

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

Primary Phone: _____ Secondary Phone: _____

Email: _____ Best way to contact you: Email ☐ Phone ☐ or Text ☐

Parent/Guardian Name (if under 18): _____ Phone: _____

Address (if different than above): _____

T-shirt Size: Youth ☐ _____ Adult ☐ _____

Employer or name of school attending: _____

Please list any other volunteer placements: _____

How did you learn about STARS? _____

Please list any previous training and/or practical experience you have had that would help you fill this position.
Especially pertaining to horses and/or persons with disabilities.

Do you know anyone else that would be interested in volunteering with our program? _____

Please list two-character reference from people you've known for two or more years.

1) Name: _____ Phone: _____

Address: _____ Email: _____

2) Name: _____ Phone: _____

Address: _____ Email: _____

Additional Information you would like to note: _____

All volunteers having direct contact with horses on STARS property or a STARS sponsored activity must be at least 14 years of age. STARS will provide instruction and guidance throughout the entire process to help you become a successful volunteer. No horse experience is needed to volunteer. Please ask questions or offer suggestions. STARS is always looking for ways to improve and wants everyone to have a good experience.

To provide the safest environment possible for our participants, STARS, Inc. is required to have a file on all employees and volunteers working directly with participants. To ensure the quality of our program, STARS reserves the right to request random criminal background checks on any volunteer and/or employee.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

****If under 18 years of age, Parent/Guardian MUST sign****



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VOLUNTEER PHOTO RELEASE

I hereby **consent** ☐ or **do NOT consent** ☐ that Special Troopers Adaptive Riding School (STARS, Inc.) has permission to take or have taken, still and moving photos, videotape, digital photographs, films, television images, and images taken or made by any and other manner or method of our/my (self-daughter- son-ward),

VOLUNTEER'S name: _____, and consents and authorizes STARS, its advertising agencies, news media, and any other persons interested in STARS, to use and reproduce the photos, films, pictures and images and circulate and publicize the same by any and all means without limitation; including but not limited to the following: newspapers, television, media, brochures, pamphlets, instructional material, books, web site, and clinical material.

No inducements or promises of any kind have been made to us/me to secure our/my signature(s) to this release other than the intention of STARS to use or cause to be used such photographs, films, pictures or images for the primary purpose of promoting and aiding STARS and its work.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

If under 18 years of age, Parent/Guardian MUST sign

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while receiving services, being on property, or participating in an authorized activity of STARS, Inc., I authorize Special Troopers Adaptive Riding School (STARS, Inc.) to:

1. Secure and retain medical treatment and transportation as needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

VOLUNTEER'S NAME: _____ Age: _____ DOB: _____

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

Primary Phone: _____ Secondary Phone: _____

Parent/Guardian Name (if under 18): _____ Phone: _____

In the event of an emergency, please list who should be contacted:

Contact Name: _____ Relationship: _____ Phone: _____

Contact Name: _____ Relationship: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____



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CRITICAL HEALTH INFORMATION

(Ex: DNR, Food Allergies, Medication Allergies, etc.)

☐ None

☐ Yes - Please note below

CONSENT PLAN

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 person below is unable to be reached.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

****If under 18 years of age, Parent/Guardian MUST sign****

NON-CONSENT

*I do **NOT** give my consent for emergency medical treatment/aid in the case of illness or injury. Please note that by signing the non-consent this may exclude you from participating in programming at STARS Inc.*

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

****If under 18 years of age, Parent/Guardian MUST sign****

VOLUNTEER LIABILITY RELEASE FORM

_____ (Volunteer's Name) would like to participate in the Special Troopers Adaptive Riding School (STARS, Inc.) program. I acknowledge the risks and potential for risks of horseback riding, and agree to assume all risks of personal injuries and damages regarding involvement in the program. However, I feel that the possible benefits to myself/ my son/ my daughter/ my ward are greater than the risk assumed. Therefore, in return for being permitted to participate, and intending to be legally bound, for myself, my heirs, and assigns, executors of administrators, I hereby forever waive and release all claims for damages against STARS, Inc., its Board of Directors, Sponsors, Instructors, Therapists, Aides, Volunteers, Employees, Agents or others on its behalf liable for any and all injuries and/or losses I / my son/ my daughter/ my ward may sustain while participating in STARS, Inc., and agree to indemnify them from all loss, expense, damages, and costs they may incur by reason of any claim for damages brought against them.

IOWA CODE CHAPTER 673 WARNING

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.



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A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that result in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting. The domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement; loud noise; an unfamiliar environment; or the introduction of unfamiliar persons, animals, or objects. The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

I have read and understand the above statements. I have also received a copy of the statements for my own records.

Signature (Self, Parent, or Guardian): _____ Date: _____

Printed Name: _____ Relationship to Participant: _____

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(Volunteer Copy-Keep For Your Records)

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I have read and understand the above statements. I have also received a copy of the statements for my own records.

KEEP FOR YOUR RECORDS