



### **Volunteer / Personnel Liability Release**

As a volunteer/personnel with Blissful Dreams, I acknowledge the risks and potential for risk involved with a program providing equine assisted activities and horse related activities. However, I feel the possible benefits to myself and the participants I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against Blissful Dreams, its board of Directors, Employees,

Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and the Operating Site for any and all injuries and/or losses I may sustain while participating at Blissful Dreams.

"WARNING: Under South Carolina law, a farm animal activity sponsor, farm animal professional, or other person does not have duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

### **Volunteer / Personnel Photo Release**

\_\_\_\_\_ I DO \_\_\_\_\_ I DO NOT consent to and authorize the use and reproduction by Blissful Dreams of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including World Wide Web) or for any other use for the benefit of the program.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_  
parent/guardian. Signature of applicant. If volunteer is under 18 years of age, signature of



### **Junior Volunteer Requirements (aged 12-16)**

Blissful Dreams volunteers must be at least 12 years of age. Junior Volunteers are defined as volunteers who are between the ages of 12 and 16. Junior Volunteers must be accompanied by a parent, adult family member or guardian until they have demonstrated that their maturity and skills are at the level where supervision by a parent, adult family member or guardian is no longer necessary. This will be determined by a Blissful Dreams staff member. All junior volunteers must demonstrate the ability to act responsibly in the barn area and follow barn rules and guidelines. Junior volunteers are not allowed to participate directly in lessons. Junior volunteers are required to attend a New Volunteer Orientation and appropriate training before they begin their volunteer service at Blissful Dreams.

All volunteers under the age of 16 must be under direct supervision *at all times*. Direct supervision can be provided by a parent, adult family member, guardian, designated Blissful Dreams' volunteer, Blissful Dreams' volunteer mentor, Blissful Dreams' instructor, or Blissful Dreams' staff member.

I agree to provide adult supervision as outline in the junior volunteer requirements above. If I do not provide such supervision, I understand Blissful Dreams may immediately suspend my son/daughter from participation as a junior volunteer.

Parent/Guardian

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Blissful Dreams Rescue Ranch**

935 Blissful Lane, Huger, SC 29450 (843) 442-0621

Tax Exempt 501 C (3) EIN: 61-15659226



### Volunteer's Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Physician's  
Name: \_\_\_\_\_

Preferred Medical  
Facility: \_\_\_\_\_

Health Insurance  
Company: \_\_\_\_\_

Allergies \_\_\_\_\_ to

Medication: \_\_\_\_\_  
\_\_\_\_\_ Current

Medication: \_\_\_\_\_

#### \_\_\_\_ Person (s) to be contacted in case of an emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **Consent for emergency medical treatment is required of all Blissful Dreams volunteers, due to the inherent risk of injury when participating in farm animal activities.**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering at Blissful Dreams, or, while being on the property of the agency, I authorize Blissful Dreams, to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release volunteer/personnel records upon request to the authorized individual or agency involved in the medical emergency treatment.

**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 (s) listed above is unable to be reached.

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering at Blissful Dreams Rescue Ranch or while being on the property of the agency.

**Please check one:**

\_\_\_\_\_ **I do consent** to emergency medical aid/treatment OR \_\_\_\_\_ **I do not consent** to emergency medical treatment.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

**Volunteer/Personnel Confidentiality Policy**

Blissful Dreams recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, Blissful Dreams has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with Blissful Dreams, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor

workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination and/or legal action.

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

Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to participant/rider. This information will be used solely for therapeutic riding purposes.



Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the executive director of Blissful Dreams.

I have read and understand the Blissful Dreams confidentiality policy as described above and agree to observe its principles.

**Volunteer Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**If Volunteer is under the age of 18, Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Volunteer Background Check Information

**Please Note:** Due to the extreme vulnerability of our special needs community, a background check is required for any volunteer over the age of 18. Blissful Dreams cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You will be subject to a background check as part of this application process.

**(Please Print Clearly)**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Maiden or Any Other Name Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License    N    Y    License Number \_\_\_\_\_ State \_\_\_\_\_

Have you lived outside of the State of South Carolina in the past 5 years? \_\_\_\_ Yes \_\_\_\_ No If yes, please provide your most previous information:

Previous Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been charged with or convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No If yes, please explain:

Have you ever been listed on a registry for child abuse? \_\_\_\_ Yes \_\_\_\_ No

I, \_\_\_\_\_ authorize Blissful Dreams to receive information from any law enforcement agency, including police departments and sheriff's departments, 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 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 participation as a volunteer/personnel, 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, volunteer, business, group, agency, organization or corporation.

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

Signature of Volunteer

**The above personal information will be kept strictly confidential. It is the policy of Blissful Dreams for ALL volunteers to have a background check. Thank You for your cooperation!**