



Boots to Grasses Therapeutic
Horsemanship Program
419-602-1143
bootstograsses@gmail.com

VOLUNTEER APPLICATION

Volunteer Name: _____ Date of Birth: _____

Street: _____

City: _____ County: _____

Zip Code: _____ Primary Phone: _____

Email: _____

What is the best way to contact you? (text, call, email...)

How did you hear about Boots to Grasses Therapeutic Riding Program?

Briefly explain your experience with people with disabilities:

Briefly explain your experience with horses:

What times are you available?



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CONFIDENTIALITY POLICY – Please read carefully

At Boots to Grasses Therapeutic Riding Program, we place great importance on protecting the confidential information of our clients, our staff, and our volunteers. “Confidential Information” includes, but is not limited to, personally identifiable information such as name, nickname(s), telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Boots to Grasses Therapeutic Riding Program. In particular, medical information about clients, and information about their disabilities or special needs, must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Boots to Grasses Therapeutic Riding Program staff. In addition, volunteers must seek staff permission that consent has been given before taking any pictures or videos. Any violation of the Confidentiality Policy will result in disciplinary action.

I have read and understand Boots to Grasses Therapeutic Riding Program Confidentiality Policy and agree to abide by them.

Date: _____ Print Name: _____

Signature: _____

Signature of Parent or Guardian (if under 18 yrs.): _____



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CRIMINAL BACKGROUND CHECK

Have you ever been convicted of a criminal offense? Yes No

If yes, please explain: _____

All volunteer applicants over the age of 18 are subjected to a criminal background check before they begin their service to Boots to Grasses Therapeutic Riding Program. Boots to Grasses Therapeutic Riding Program reserves the right to reject applicants who have been convicted of crimes involving violence, alcohol, theft, and any other crime we feel poses a possible risk to our participants, staff, and/or horses. Likewise, Boots to Grasses Therapeutic Riding Program has the right to reject applicants who refuse to cooperate in a criminal records check. Inquiries include Social Security number verification as well as information from the National Criminal File which includes state criminal records, prison parole and release files and sex offender registries. All information will be kept strictly confidential.

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Signature: _____

Signature of Parent or Guardian (if under 18 yrs.): _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event of a medical emergency, Boot to Grasses Therapeutic Horsemanship Program will provide basic first aid and/or call 911 and will disclose all available health care information to emergency medical personnel

Emergency contact #1 Name: _____

Emergency contact #1 Phone number: _____

Emergency contact #2 Name: _____

Emergency contact #2 Phone number: _____

Please list any medical conditions or medications you are currently using that might affect your volunteer duties or that Boots to Grasses Therapeutic Riding Program should be aware of in case of an emergency (i.e. bee sting allergies, asthma, back pain, history of seizures, etc.), or any reason why working with children, horses and the public sector may not be appropriate. Please attach additional sheets if necessary. _____



RELEASE AND HOLD HARMLESS AGREEMENT

The Undersigned acknowledges that Boots to Grasses Therapeutic Riding Program has fully explained to me the risk involved with horseback riding, horse-related activities and/or working around horses. These risks include but are not limited to bodily injury, permanent disability, physical harm to rider, horse and spectator, and even death. I further understand that the horse is a prey animal and regardless of its calm nature and training, the horse will revert to its natural instinct to fight or flee when frightened. These actions may include but are not limited to changing speed or direction at will, shifting its weight, bucking, rearing, kicking, biting, or running from danger.

I further understand that Boots to Grasses Therapeutic Riding Program and its representatives are not responsible for acts, occurrences, or elements of nature which include but are not limited to thunder, lightning, rain, snow, wind, and irregular footing which is subject to constant change in condition according to weather, temperature, usage, and natural and man-made changes in landscape.

Therefore, in consideration of the privilege of riding and/or working around horses at Boots to Grasses Therapeutic Riding Program, the Undersigned does hereby agree to hold harmless and indemnify Boots to Grasses Therapeutic Riding Program, its employees, volunteers, board of directors, and students and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned, or to any horse owned



by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

Per Ohio Statute 2305.321 - "A danger or condition that is an integral part of an equine activity," including:

- (1) Unpredictability of horse's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- (2) Collision with another horse, animal, person or object; and
- (3) Hazards, including, but not limited to, surface or subsurface conditions.
- (4) Potential of the equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the participant, including failing to maintain control over the horse or failing to act within the ability of the participant.

Equine Liability Law which states: Equine (Horse) Activity Sponsor, Equine And/Or Property Owner Is Not Liable For Any Damages Suffered During An Equine Activity On These Premises. A Horse Is A Large Animal And May Be Unpredictable And Dangerous At Times. Extreme Caution Should Be Taken In Their Presence. Participants Assume The Inherent Risk of Equine Activities.

Date: _____ Print Name: _____

Signature: _____

Signature of Parent or Guardian (if under 18 yrs.): _____



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PHOTO RELEASE

For valuable consideration, the receipt of which from Boot to Grasses Therapeutic Horsemanship Program is hereby acknowledged, the undersigned hereby grants to Boot to Grasses Therapeutic Horsemanship Program permission to take, or have taken, still and moving photographs, videos and films including television pictures of myself or my

daughter/son/ward, _____ (Volunteer name, please print)

and consents and authorizes Boot to Grasses Therapeutic Horsemanship Program, its advertising agencies, news media, and any other persons involved with Boot to Grasses Therapeutic Horsemanship Program, to use and reproduce the photographs, films, videos and pictures and to circulate and publicize the same by any means deemed appropriate by Boot to Grasses Therapeutic Horsemanship Program, including without limitation newspapers, television media, brochures, pamphlets, instructional materials, books and clinical materials.

No inducements or promises have been made to me to secure my signature to this release other than the intention of Boot to Grasses Therapeutic Horsemanship Program to use or cause to be used such photographs, films, videos and pictures for the primary purpose of promoting and aiding Boot to Grasses Therapeutic Horsemanship Program, and its programs.

I DO consent

I DO NOT consent

Date: _____ Print Name: _____

Signature: _____

Signature of Parent or Guardian (if under 18 yrs.): _____