



Team Member Application Form

Please complete this application form if you are interested in becoming a Loving Thunder Therapeutic Riding Inc volunteer. Once you complete the form, click the submit button at the bottom.

Contact Information

Loving Thunder primarily uses a Volunteer management sytem called Volgistics to e-mail, text, & contact team members in regards to schedule, training opportunities, special events, etc. Please check your e-mails frequently to stay up to date. If you do not have access to a working e-mail, please notify the Volunteer Coordinator of your alternative contact information

First name: _____

Last name: _____

Title: -Dr. -Mr. -Mrs. -Ms.

Street 1: _____

Street 2: _____

Street 3: _____

City: _____

State: -NM

Zip: _____

Home phone: _____

:Ok to call me here

Work phone: _____

:Ok to call me here

Cell phone: _____

:Ok to call me here

Email address: _____

Please enter a password that:
• Is between 6 and 30 characters long

Password: _____

Confirm: _____

Date of birth: ___/___/___

T-Shirt size: -Extra extra Large -Extra Large -Large -Medium
-Small

School: _____

What kinds of email would you like to receive? Electronic newsletters



Team Member Application Form

- Recruitment appeals
- Reminder messages
- Schedule reminders
This allows us to automatically remind you of your scheduled assignments

Employer name:

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

Experience

The following section will help us get to know you better. Please share your skills, work experience, horse experience (non required), and any other info that will help us target your specific skills.

Gender: -Female -Male

Education: -Associate degree -College degree -Doctoral degree
-High school -Masters degree -Some college
-Trade/Vocational school

Please tell us if you have any experience working with disabled individuals. Also, please tell us of any experience with horses (not necessary but helpful), how often you ride, english or western, official training or showing, etc.



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Availability

Please indicate the days and times you are usually available to volunteer. Also list what assignments you are interested in.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My availability is: Ongoing Ongoing, except between these dates
 Only between these dates

From: ___/___/___

to: ___/___/___

- Assignment -Board of Directors -Horse Buddy -Horse Leading
 Preference: -Maintenance -Marketing -Misc Barn Activities
-Office Assistant -Sidewalker -Special Event
-Stall Maintenance
 Allow other volunteers to see when I am scheduled

Photo Release

I consent to and authorize the use of reproduction by Loving Thunder Therapeutic Riding, Inc. 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 center.

Please answer Yes
or No

Confidentiality Agreement

I understand that all information (written and verbal) about participants and/or the operations of Loving Thunder Therapeutic Riding, Inc. is confidential and will not be shared with anyone with out the expressed written consent of the Loving Thunder staff, participant and or parent/guardian in the case of a minor.

Please answer Yes
or NO



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Team Member Background Check

Due to contractual agreements with state agencies, federal agencies, and insurance companies who provide funding for riders in our program we are required to obtain background checks on all volunteers and/or staff of Loving Thunder. I, hereby authorize Loving Thunder Therapeutic Riding, Inc to obtain information from any law enforcement agency, including police 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 violation of state or federal criminal laws, including but not limited to convictions for crimes committed upon children. Loving Thunder Therapeutic Riding, Inc, its directors, officers, employees, or other volunteers consider this information to be confidential and will not disseminate this information in any way to any other individual, group, agency, organization, or corporation. If you have questions, please contact the Program Director or Volunteer Coordinator. Due to the cost of background checks, we ask that each volunteer pay \$15 at orientation. This fee is only a portion of the total costs of this background check.

Social security
number:

Driver's license
number:

Please answer Yes or
No

Release of Liability

I wish to participate as a Team Member in Loving Thunder Therapeutic Riding, Inc in Rio Rancho, NM. I understand this may be a HIGH RISK ACTIVITY and I AM PARTICIPATING AT MY OWN RISK. I, individually, and/or parent or guardian of a team member, hereby release and hold harmless Loving Thunder Therapeutic Riding, Inc. and all members of the organization, employees, officers, and agents from all liability for accidents, damage, death, injury or illness to me and horse owners, riders and attendants suffered during or in connection with my volunteer work with Loving Thunder Therapeutic Riding, Inc. In case of an injury, Loving Thunder will contact emergency services and treatment will be administered as deemed necessary by emergency staff.

Please answer Yes
or No

Emergency Contact

PATH, Intl standards require us to gather emergency contacts. Please complete at least one emergency contact

1	2
First name: _____	First name: _____
Last name: _____	Last name: _____
Street 1: _____	Street 1: _____
Street 2: _____	Street 2: _____
City: _____	City: _____



Team Member Application Form

State: <input type="radio"/> -NM
Zip: _____
Home phone: _____
Cell phone: _____
Relationship: <input type="radio"/> -Co-worker <input type="radio"/> -Daughter <input type="radio"/> -Father <input type="radio"/> -Friend <input type="radio"/> -Mother <input type="radio"/> -Neighbor <input type="radio"/> -Son <input type="radio"/> -Spouse <input type="radio"/> <input type="radio"/> -Supervisor

State: <input type="radio"/> -NM
Zip: _____
Home phone: _____
Cell phone: _____
Relationship: <input type="radio"/> -Co-worker <input type="radio"/> -Daughter <input type="radio"/> -Father <input type="radio"/> -Friend <input type="radio"/> -Mother <input type="radio"/> -Neighbor <input type="radio"/> -Son <input type="radio"/> -Spouse <input type="radio"/> <input type="radio"/> -Supervisor

Agreement of Terms and Conditions

I, a volunteer, wish to participate in Loving Thunder Therapeutic Riding, Inc to be held in Rio Rancho, NM. I understand this may be a HIGH RISK ACTIVITY and I AM PARTICIPATING AT MY OWN RISK. By checking the "I agree" button I, individually, and/or parent or guardian of a volunteer team member, hereby agree to the terms of the Confidentiality Agreement, Background Check, Photo Release, and Release of Liability.

I Agree