

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Volunteer Information Form

(Health History, Media Release and Confidentiality Statement)

Please Print

Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ email: _____

Place of Employment/School: _____

Work Address: _____ City: _____

State: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Parent/Legal Guardian/Caregiver's Name (If Under 18 or Supervised Care): _____

Relationship to Volunteer: _____

Address: _____ City: _____ State: _____

Please list **three** references that are not related to you:

**Reference Name (non relative) Address (City, State) How long have you
know this person? Phone Number (xxx) xxx-xxxx**

1.

2.

3.

How did you learn about SHARE? _____

Do you have any health issues or physicals limitations that we should be aware of? ☐ YES ☐ NO

If Yes, please explain under "medical conditions" below.

Please list any medical conditions/allergies/medications that you currently have or are taking:

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Please describe your experience with horses , including number of years:

Please describe your experience with individuals with disabilities:

Please provide one or more reasons that you are interested in volunteering for SHARE

Please list the names of any programs or agencies for which you have volunteered in the last 5 years and briefly describe your duties: _____

What other skills would you like to offer the program?

What are you interested in helping us with? Please check all that apply:

Lesson Program:

- ☐ Side-walking Riders
- ☐ Horse Leading (Must have horse experience or willing to take lessons to gain experience)
- ☐ Coordinator (grooms and tacks horse for lesson)

Equine Program:

- ☐ Horse Care—feeding, exercising, stall cleaning, pasture cleaning.
- ☐ General Maintenance and Repairs (buildings, fences, etc)
- ☐ Carpentry
- ☐ Equipment Repair

Office:

- ☐ Data Entry ☐ Reception ☐ General Office Support ☐ Mailings

Special Events/ Fundraisers:

- ☐ Serve on Special Events/Fundraising/Planning Committees
- ☐ Give assistance day of an event/fundraiser

Special Skills: ☐ Photography ☐ Sign Language ☐ Cooking/Baking

- ☐ Public Relations/Outreach ☐ Construction ☐ Fundraising Experience
- ☐ Grant Writing ☐ Computer Skills ☐ Advertising ☐ Marketing
- ☐ Graphic Design ☐ Website Design ☐ Other: _____

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Do you have sufficient shoulder strength/range of motion to support and assist a rider above your shoulder level? ☐ YES ☐ NO If no, please explain: _____

Have you ever been arrested for, or convicted of a crime against a person or animal? ☐ YES ☐ NO

Have you ever been listed on a registry for child abuse? ☐ YES ☐ NO

What is your availability to volunteer with SHARE? _____

Photo Release, Background Information and Confidentiality Agreement

Background Information: Note: Volunteers 18 and older are subject to background check.

Have you ever been charged with or convicted of a crime? ☐ YES ☐ NO If yes please explain: _____

Do you have transportation to and from SHARE? ☐ YES ☐ NO

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this facility is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

PHOTO RELEASE

I ☐ Do ☐ Do not

Consent to and authorize the use and reproduction by S H A R E of any and all photographs and other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant/Legal Guardian/Parent _____

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

In Case of Emergency contact:

*Name: _____ Relationship _____

Phone: _____

*Name: _____ Relationship _____

Phone: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize SHARE to:

- 1) Secure and retain medical treatment and transportation if needed.
- 2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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) above is unable to be reached.

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in the presence of SHARE staff.

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during process of receiving services or while being on the property of SHARE:

- ☐ Parent or legal guardian will remain on the site at all times during equine assisted activities
- ☐ In the event of emergency treatment/aid is required; I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian
Signed in the presence of SHARE staff

SHARE reserves the right to conduct criminal background checks on individuals in contact with our clients. Please understand that it is for the welfare of all. If you become a part of our program, you should be aware that this may occur, either randomly or as needed for particular situations. Thank you for your understanding.

SHARE Therapeutic Riding Program

5200 McGill Rd
Anderson, SC 29626

AwesomeRiding@gmail.com
(910) 538-5575

Liability Release Form

Name: _____ Age _____ Phone: _____

Address: _____ City: _____

State: _____ Zip: _____ Email _____

UNDER SOUTH CAROLINA LAW: AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA, 1976.

Assumption of Risk:

I acknowledge that the enjoyment and excitement of Horseback riding or otherwise handling horses is derived in part from the inherent risk incurred by this activity. I am solely responsible for my decision to participate in this activity. I understand and accept that Horseback riding or otherwise handling horses involves dangers and risks which may include, but are not limited to the following:

- Horse behavior or temperament which includes biting, kicking or stepping on a person;
- Falling off or being thrown from a horse, such risk increases at higher speeds;
- Unforeseen maladjustment or malfunction of saddles and tack;
- Horseback riding on rugged terrain, including slippery trails;
- Injuries inflicted by animals, insects, plants or other participants;
- Accidents or illness in remote places without medical facilities;
- The forces of nature including lightning, unsuspected changes in terrain, weather changes, and others
- The physical exertion associated with horseback riding or otherwise handling horses.
- This facility is not considered a spectator property. Anyone entering property is considered a participant.

Release Agreement

In consideration of SHARE Therapeutic Riding Program furnishing either horses and/or a place to enable me to participate in equine and farm related activities, I hereby assume all risk of injury or loss of life to myself, and loss of or damage to property arising out of my participation in such activities, including hazards associated with any defect in a manufacturer's product. I specifically release and hold harmless SHARE, its owners, operators, agents, volunteers, guides, employees, and participants from any and all liability, including negligence (active or passive), as to any right of action or claim to relief that may accrue either to me or to my heirs or personal representatives for any such injury, loss of life, medical costs, attorney's fees, court costs, or loss of or damage to property which I may suffer while participating in equine activities, including activities preliminary and subsequent thereto. I declare that I carry medical insurance fully covering any and all injuries incurred. I further understand SHARE carry no medical insurance for the protection of participants, and any insurance coverage existing with respect to SHARE, shall not alter the terms of this waiver nor impose any liability on SHARE. I have carefully read this release and fully understand its contents. I am aware that this is a complete release of liability and I sign it of my own free will. This release will remain in full force and effect for all visits by me to SHARE unless I explicitly revoke it in writing and deliver such revocation in person to SHARE. I hereby give permission to the medical personnel selected by SHARE personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by SHARE personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above. I also agree to obey all Rules and all other posted signs or verbal directions while participating in any and all equine and/or farm related activities.

Signature of Participant: _____

(For participants under 18 years of age)

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

SHARE Therapeutic Riding Program requires ALL riders to wear a helmet