

## Volunteer Information & Application



**WHO:** Reins of Hope is a 501(c)3 non-profit organization creating courage in motion in Spencer, IA. Without community support and our great team of volunteers and horse owners, we would not be able to provide our program.

**WHAT:** Equine (Horse) Assisted Services for youth with differing abilities, allowing them the opportunity to ride and connect with a horse.

- All horses are tested prior to use in our programs.
- Helmets are required.
- Each participant may have a team of 3-4 volunteers which includes a horse handler to lead and manage the horse, two side walkers to help and support the rider, and on occasion an activity assistant beside them for assistance and safety.

**WHY (BENEFITS):** Research shows that equine-assisted services can *potentially* improve:

- *Social:* self-esteem, belonging
- *Physical:* flexibility, balance, coordination, mobility, muscle strength, sensory integration
- *Cognitive:* attention, problem-solving
- *Emotional:* empathy, impulse control
- and much more

**WHEN:** *Two Seasons per Year. Each Season: ~6 weeks* (length may vary from 5-7 weeks);  
*Sessions: 1x/wk* for approximately 1 hour (typically Tuesdays and usually starting at 6pm and/or 7pm but may vary). We ask volunteers to arrive a minimum of 30 minutes prior to session start time.

- **Spring Season:** May - June
- **Fall Season:** August - September

**WHERE:** *Locations in Spencer, IA could include, but not limited to:*

Clay County Fairgrounds, NW Equestrian Center, Oneota County Park, others as designated based on availability

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## APPLICATION REQUIREMENTS:

Volunteers must be 12 years of age or older. Minors are required to have parental / guardian consent to participate. Volunteers between the ages of 12-14 can assist with check in, setup / take down, obtaining equipment / supplies as requested by instructor, and activities assistant as allowed by instructor. Volunteers age 14 - 17 may side walk with an experienced Volunteer, assist with check in, setup / take down, obtaining equipment / supplies as requested by instructor, and activities assistant.

***Volunteers under the age of 18 must submit a paper application signed by their parent/guardian. Bring the physical forms with you! Please see website for printable form @ [reinsofhopespencer.org/volunteers](https://reinsofhopespencer.org/volunteers) .***

- ***General Application Details***
- ***Liability Release***
- ***Photography / Videography Release***
- ***Medical Release / Emergency Contacts***

## APPLICATION REQUIREMENTS:

- General Application Details
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- Medical Release / Emergency Contacts

## Contact Details:

Website: [reinsofhopespencer.org](https://reinsofhopespencer.org)

Contact Us: [roh@reinsofhopespencer.org](mailto:roh@reinsofhopespencer.org)

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Today's Date: \_\_\_\_\_

Volunteer First & Last Name: \_\_\_\_\_

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

Address (City, State, Zip Code):  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent/Guardian Name (volunteer under 18): \_\_\_\_\_

Parent Guardian Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Volunteer Interests:** Please share why you are interested in volunteering with Reins of Hope?  
\_\_\_\_\_  
\_\_\_\_\_

Please circle ALL Areas you are interested in assisting with:

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Fundraising</li><li>• Horse Lead(horse experience required)</li><li>• Side Walker</li><li>• Activities Assistant</li><li>• Typing / Clerical Work</li><li>• Equipment Care / Facility Maintenance</li><li>• Publicity such as writing articles, contacting organizations, etc.</li><li>• Assisting with</li></ul> | <ul style="list-style-type: none"><li>• transportation of participants and/or handicapped individuals</li><li>• Making Telephone Calls</li><li>• Website Content / Maintenance</li><li>• Social Media Marketing</li><li>• Social Media Communications</li><li>• Graphic Design: Create Publications / Posters / Brochures / Flyers / etc.</li></ul> | <ul style="list-style-type: none"><li>• Lead Instructor</li><li>• Board Member</li><li>• Grant Writing</li><li>• Email Communications</li><li>• Photography / Videography</li><li>• Other: _____<br/>_____<br/>_____<br/>_____<br/>_____</li></ul> |
|---|---|--|

Do you have a CPR certification? **Yes / No** Do you have a First Aid Certification? **Yes / No**  
Can you walk for 60 minutes and jog for short distances? **Yes / No** Do you have a physical condition or limitation we should consider when assigning responsibilities? If so, please specify under Other: **Yes / No / Other:** \_\_\_\_\_

Do you have other skills or training that could benefit the program?  
\_\_\_\_\_

Given a chance to change sides frequently, are you comfortable working beside or walking around horses/ponies? **Yes / No** Please explain your experiences with horses:  
\_\_\_\_\_

Are you a horse owner and interested in having your horse tested to be utilized for riding sessions? **Yes / No** What is the name of your horse(s): \_\_\_\_\_

What is the age of your horse(s): \_\_\_\_\_

What breed is/are your horse(s): \_\_\_\_\_

How many hands tall does your horse(s) stand?  
\_\_\_\_\_

Where did you hear about volunteering with Reins of Hope? Please circle all that apply.

Reins of Hope Website      Facebook      Newspaper      Radio      Television Ad

## Reins Of Hope Photography and Publication Release

I, \_\_\_\_\_ (the "Releasor"), hereby grant permission and consent to Reins of Hope of Spencer, IA (the "Releasee") to take or to have taken, still or moving photographs and films including television pictures of myself while volunteering to assist during Reins of Hope programs. I understand the photographs or films obtained may be used for, but not limited to, publicity, advertising, and website content.

### VOLUNTEER RELEASOR'S SIGNATURE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### *If Volunteer is under the Age of 18:*

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, (the "Releasor"), hereby grant permission and consent to Reins of Hope of Spencer, IA (the "Releasee") to take or to have taken, still or moving photographs and films including television pictures of my son/daughter/ward while in volunteering to assist during Reins of Hope programs. I understand the photographs or films obtained may be used for, but not limited to, publicity, advertising, and website content.

### VOLUNTEER RELEASOR'S SIGNATURE

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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## Equine Assisted Growth & Development Services Agreement, Liability Release, and Assumption of Risk Agreement

### TERMS AND CONDITIONS

**1. AGREEMENT PURPOSE:** I, \_\_\_\_\_, do hereby voluntarily agree to volunteer to assist in Equine Assisted Growth and Development Services, hereinafter known as EAGDS, as a volunteer of Reins of Hope, and that I will utilize and/or assist with a horse provided by Reins of Hope for EAGDS purposes.

**2. AGREEMENT SCOPE, TERRITORY, AND DEFINITIONS:** This agreement shall be legally binding upon you, the volunteer, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of Clay County, Iowa. This agreement is intended to be valid and binding at all times now and in the future when Reins of Hope permits You (directly or indirectly) be near any horse, receive or to assist with riding and/or training instruction, or guidance from its associates and/or when the Volunteer rides, trains, and/or is near horses as part of EAGDS. Any disputes by you shall be litigated in, and venue shall be in Clay County, Iowa. This agreement is intended to be as broad and inclusive as the law permits. If any clause, phrase, or word is in conflict with Iowa State law, then that single part is null and void. The terms "HORSE" and "EQUINE" herein shall refer to all equine species. The terms "I", "We", "Me", "My" shall herein refer to the above registered Volunteer.

**3. INHERENT RISKS / ASSUMPTION OF RISKS:** I acknowledge that risks, conditions, and dangers are inherent in (meaning an integral part of) horse/equine/animal activities, regardless of all feasible safety measures which can be taken, and I agree to assume them. The inherent risks include, but are not limited to any of the following: The propensity of an animal to behave in ways that may result in injury, harm, death, or loss to persons on or around the animal; The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; Hazards, including, but not limited to, surface or subsurface conditions; A collision, encounter and/or confrontation with another equine, another animal, a person, or an object; The potential of an equine activity volunteer to act in a negligent manner that may contribute to injury, harm, death, or loss to the volunteer or to other persons, including but not limited to, failing to maintain control over an equine and/or failing to act within the ability of the volunteer. Horses are 5 - 15 times larger, 20 - 40 times more powerful, and 3 - 4 times faster than a human. If a rider falls from horse to ground it will generally be at a distance of 3 1/2 to 5 1/2 feet, and the impact may result in harm to the rider. Horseback riding, driving and training are activities in which one much smaller, weaker predator animal (the human) tries to impose its will on, and become one unit of movement with, another much larger, stronger prey animal that has a mind of its own (the horse) and each has a limited understanding of the other. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: stopping short; Spinning around; Changing directions and/or speed at will; Shifting its weight; Bucking; Rearing; Kicking; Biting; and/or

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Running from danger. I also acknowledge that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on Reins of Hope to list all possible risks for Me.

I acknowledge that there is a natural risk of injury, whether caused by Volunteer or someone else, in the use of or presence at a Reins of Hope location, the use of equipment and services at any Reins of Hope location, and participation in Reins of Hope related activities. These activities include but are not limited to, the use of any Reins of Hope location equipment, activity tools, or materials, and Reins of Hope location events, community, school, or non-profit programs hosted by a Reins of Hope location. I understand that the risk of injury includes, but is not limited to: Injuries arising from the use of any Reins of Hope location or equipment, including any accidental or “slip and fall” injuries; and Injuries or medical disorders, including, but not limited to, heart attacks, strokes, heart stress, head injuries, sprains, strains, cuts, bruises, broken bones and torn muscles or ligaments, resulting from Your use of or presence at a Reins of Hope location, or Volunteers use of equipment or services at a Reins of Hope location, or my participation in any Reins of Hope activities; I understand and voluntarily accept this risk on behalf of myself (or the Volunteer if a minor). I agree to specifically assume all risk of loss, theft or damage of personal property for the Volunteer while he or she is present at any Reins of Hope location, or participating in any Reins of Hope location related activity and defined above.

#### **4. CONDITIONS OF NATURE WARNING, UNFAMILIAR AND SUDDEN SIGHTS, SOUNDS, AND MOVEMENTS WARNING, AND INSPECTION OF PREMISES.**

I acknowledge that Reins of Hope is NOT responsible for total or partial acts, occurrences, or elements of nature and/or sudden and/or unfamiliar sights, sounds and/or sudden movements that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightning, raining, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person. Irregular footing on outdoor groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. I also understand that these are just some of the risks and I agree to assume others not mentioned above. I am not relying on Reins of Hope to list all possible conditions for me. The Volunteer will personally inspect the facilities utilized during the EAGDS prior to each session in order to satisfy that all premise conditions are reasonably safe for this Volunteers intended purpose, usage, and presence upon the premises.

**5. SADDLE GIRTHS / NATURAL LOOSENING WARNING.** I acknowledge that Saddle girths (fastener straps around horse's belly) may loosen during riding. I understand that the participant, if able to communicate this, or volunteer assisting them, will notify their Side walkers or Horse Lead of any girth looseness so actions can be taken to avoid slippage of the saddle and the potential for the rider to fall from the horse.

**6. PROTECTIVE HEADGEAR / HELMET WARNING:** I, \_\_\_\_\_, accept that I am to wear headgear/helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, at all times when riding on a horse while assisting with riding sessions.

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**7. LIABILITY RELEASE:** I agree that in consideration of Reins of Hope allowing \_\_\_\_\_ participation in EAGDS activity, under the terms set forth herein, I, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge Reins of Hope its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and insurers, and other acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Reins of Hope's and/or ITS ASSOCIATES ordinary negligence or legal liability; and I do further agree that except in the event of Reins of Hope's gross negligence and/or willful and/or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against Reins of Hope and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and/or death and/or property damage, sustained by myself and in relation to the premises and operations of Reins of Hope to include while riding, driving, training, handling, or otherwise being near horses owned or operated by Reins of Hope, or in the care, custody or control of Reins of Hope, whether on or off the premises of Reins of Hope, but not limited to being on Reins of Hope's premises. I understand that I need to monitor my surroundings as the potential exists for there to be a safety concern around horses.

**8. EQUINE ACTIVITY LIABILITY ACT (EALA) WARNING OR LANGUAGE:** I acknowledge that I have reviewed the State of Iowa's **EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE**, a copy of which is attached hereto and incorporated as if fully set forth herein.

**INSTRUCTION TO SIGNERS: DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT. See Next Page!**

**Signer Statement of Awareness:**

**I, the undersigned, hereby certify that I have read and understand this Agreement, Liability Release, and Assumption of Risk Agreement. I understand that by signing this document I am giving up rights to sue today and in the future. I attest that all facts are true and accurate. I am signing this while of sound mind and not suffering from shock, or under the influence of alcohol, drugs, or intoxicants. I agree to accept the Terms & Conditions of this entire Agreement and will adhere to them in detail.**

**VOLUNTEER SIGNATURE if under 18 PARENTS OR LEGAL GUARDIANS SIGNATURE**

**NAME:** \_\_\_\_\_ **DATE & TIME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **DATE & TIME:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**IOWA WARNING**

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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.

A number of inherent risks are associated with domesticated animal activity. A domesticated animal may behave in a manner that results 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.

A 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 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.



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## Volunteer Medical Release

First & Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

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

Do you authorize Reins of Hope to arrange for or provide medical care in the event of an emergency? **Yes / No**

Primary Care Providers Name: \_\_\_\_\_

Primary Care Providers Phone Number (format: 123-456-7890): \_\_\_\_\_

Preferred Medical Facility in case of emergency? \_\_\_\_\_

Are there any allergies, physical/mental precautions, medications & dosages, or other significant health issues that we would need to alert health care workers about? If so, please describe/list.

\_\_\_\_\_  
\_\_\_\_\_

Healthcare Insurance Company: \_\_\_\_\_

Health Insurance Policy Number: \_\_\_\_\_

Permission for Medical Facility to bill for treatment? **Yes / No**

## Emergency Contacts

1. NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

2. NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_