



# HART Equine Therapy Center, Inc.

10198 Brookside Road  
Auburndale, WI 54412  
715-305-5166 www.hartetc.com



## JUNIOR (13 years & under) VOLUNTEER REGISTRATION

Date: \_\_\_\_\_ You are a **New** or **Returning** volunteer? (circle)

**General Information:**

Name \_\_\_\_\_ Height \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home E-mail \_\_\_\_\_

Name of School \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Other Responsible Person \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

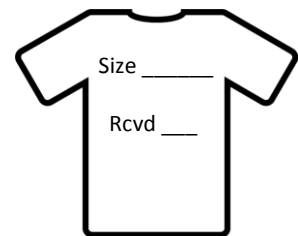
**Days and times of the week you are available, please circle.**

Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

**Check Those Areas In Which You May Have Experience (E) or An Interest (I) In:**

	E	I
Grooming		
Gardening		
Facility Cleaning		
Help with Hay		
Tack Cleaning		
Instructor Assistant		
Other:		





**While it is not necessary for volunteers to have previous experience with horses, if you do have experience, please tell us.**

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**Health History:**

Last Tetanus Shot Date \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with this shots.)

Are there any health conditions or concerns (i.e. allergies, diabetes, seizure disorder) that HART should be aware of?

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**Medications you take that HART needs to be aware of:** \_\_\_\_\_

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I understand that the information provided is accurate and true to the best of my knowledge regarding my minor. I know of no reason why he/she should not participate in the HART Equine Therapy Center, Inc. program.

Parent/Guardian

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

**Background Information:**

Has your minor ever been charged with or convicted of a crime? No Yes Please explain \_\_\_\_\_

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I, \_\_\_\_\_ (parent/guardian of Junior Volunteer), authorize HART Equine Therapy Center, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, 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 or animals.

I understand that such access is for the purpose of considering my minor's application as a volunteer, and that I expressly DO NOT authorize HART Equine Therapy Center, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Parent/Guardian

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

I, as parent/guardian of above minor, give my permission for \_\_\_\_\_ to participate at HART Equine Therapy Center, Inc. and maintain full responsibility for their actions while on the premises, along with supervision.



**LIABILITY, PHOTO, & MEDICAL CONSENT RELEASE FOR VOLUNTEERS AND STAFF  
PARENT/GUARDIAN SIGNATURE FOR ANY PARTICIPANT UNDER AGE OF 18**

**LIABILITY RELEASE**

I/ my child would like to participate in the HART Equine Therapy Center, Inc. (HART) Program as a rider, volunteer, or staff person. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits are greater than the risks assumed. I, hereby, intending to be legally bound for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against HART Equine Therapy Center Inc., its Board of Directors, instructors, therapists, aides, volunteers, horse owners and/or employees and Royal T Ranch, LLC as a stable and property owners for any and all injuries and/or losses that I/ my child may sustain while traveling to or from, or participating in any HART activities.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Wisconsin State Statutes Sec. 95.481**

*Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.*

**PHOTO RELEASE**

I    DO    DO NOT consent to and authorize the use and reproduction by HART Equine Therapy Center, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

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

Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL TREATMENT CONSENT PLAN**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or any other use for benefit of the agency.

I authorize HART Equine Therapy Center, Inc. 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, 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.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_



**SAFETY, CONFIDENTIALITY & HONESTY FOR JUNIOR VOLUNTEERS**

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the HART Equine Therapy Center, Inc. (HART) Mission Statement, I acknowledge the expectations required of all HART volunteers and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from HART.

- Safety is the top priority whether grooming and/or tacking the horses or handling the horses during or outside of class time.
- Listen to and obey the instructor.
- Follow the posted barn rules which include, but are not limited to:
  - No smoking.
  - No running or yelling.
  - No "horse play".
  - No hand feeding the horses.
- Follow Dress Code for personal safety and professionalism.
- Be courteous and work as a team member. This includes:
  - Speaking positively about HART personnel, volunteers, and participants.
  - Asking questions when not fully understanding what is needed.
  - Arriving in punctual manner.
  - Contacting an appropriate substitute when a conflict arises that would cause unavailability.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Junior Volunteer Confidentiality Statement**

Divulging confidential information to an unauthorized person is grounds for immediate discharge.

I am fully aware HART Equine Therapy Center, Inc. serves children and adults who are challenged with various disabilities, including but not limited to, mental and physical disabilities, mental illness, dependency issues, depression, anxiety and more.

Information about a participant’s condition, care treatment, personal affairs and records is confidential. Such may not be discussed with anyone. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Junior Volunteer Honesty Acknowledgment Statement**

I understand that this is an application for a volunteer opportunity. I certify that I have, and will provide information, on this volunteer application and in an interview with HART Equine Therapy Center, Inc., personnel that is true, correct, and complete to the best of my knowledge. I certify that I will answer all questions to the best of my ability and that I have not, and will not, withhold any information that will unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for immediate rejection of my application for a volunteer position with HART Equine Therapy Center, Inc., or termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_