



HART Equine Therapy Center, Inc.

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

Training: _____
Background check: _____



VOLUNTEER REGISTRATION – 14 years and older

Date: _____ **New** or **Returning** volunteer? (circle) T-shirt Size _____

General Information:

First/Middle/Last Name _____ Height _____ Birth ____/____/____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Home E-mail _____

Employer _____ Work Phone _____

If under 18 years of age, complete the following:

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 _____

How did you learn about HART? (Circle one)

Newspaper Poster Friend Relative of a Rider Other _____

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		
Tacking		
Horse Leader		
Side Walker		
Ground Work		
Training		
Computer Skills:		
*Graphic Design		
*Website		
*Data Entry		
*Newsletter		
Coordinate Volunteers		

	E	I
Gardening		
Facility Maintenance		
Facility Cleaning		
Help with Hay		
Tack Cleaning		
Inventory		
Open House:		
*Food		
*Auctions		
*Raffles		
*Demonstration		
Historian/Scrapbooking		

	E	I
Advertising		
*Public Relations		
*Flyer Distribution		
Fundraising:		
*Seek Donations		
*Seek/Write Grants		
*Bowling Event		
*Tack Swap		
*Fun Run		
Photography		
Videography		
CPR/1 st Aid Certified		



ABOUT YOU!

While it is not necessary for volunteers to have previous experience, please tell us about:

Horse Experience _____

Experience with special needs or disabilities _____

Other talents you would like to share with HART:

If you are bilingual, what languages do you speak? _____
Do you know sign language? yes no

Volunteers who work in therapeutic riding classes are asked to commit to a full session (ranges from 6 – 9 weeks). If you cannot commit to a regular day or time, would you like to substitute?
 Riding session volunteer Substitute volunteer

Employer benefits:
Donation matching program? yes no
Paid time off to volunteer? yes no

Do you belong to a group that would like to hear more about HART? yes no

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, seizures) that HART should be aware of?

If you are applying to be a horse leader or side walker:
Can you walk for 60 minutes? Yes No
Can you jog short distances? Yes No
Can you hold your arms above shoulder height for a length of time? Yes No
Can you support a modest weight? Yes No

Medications you take that HART needs to be aware of:



LIABILITY, PHOTO, MEDICAL, & CONFIDENTIALITY RELEASES
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.

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) listed as secondary contacts is/are unable to be reached.

Consent _____
Signature _____ Date _____

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: _____

CONFIDENTIALITY STATEMENT

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the riders, their families, and to each other.

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 including physicians, therapists, employees, or volunteers who are responsible for the participant's care, unless the participant, their parent or guardian has authorized release of information, or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

Signature _____ Date _____



SAFETY, PROFESSIONALISM, & HONESTY

SAFETY & PROFESSIONALISM

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, side walking, 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.
 - Understanding the role of Side Walker vs. Horse Handler.
 - 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 _____

HONESTY ACKNOWLEDGEMENT STATEMENT

I understand that this is an application for, and not a commitment of promise, a volunteer opportunity. I certify that I have, and will provide information, throughout the selection process, 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 _____

I, as parent/guardian of minor (if applicable), give my permission for _____
to participate at HART and maintain full responsibility for their actions while on the premises. (minor)

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

Signature: _____ Date: _____



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VOLUNTEER/STAFF BACKGROUND CHECK

First/Middle/Last Name _____

Former Name/s _____

Address/City/State/Zip _____

Date of Birth ____/____/____ Phone/s _____

Social Security # _____

Driver's License # _____ State _____

If under 18 years of age, complete the following:

Name of Parent or Guardian _____

Address/City/State/Zip _____

Home Phone _____ Work Phone _____

Background Information:

Have you ever been charged with or convicted of a crime? No Yes

Please explain _____

I, _____ (volunteer/staff), authorize HART Equine Therapy Center, Inc. to receive information, 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 application as an employee/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 or organization.

Signature: _____ Date: _____

(Volunteer/Staff)