





**Health History:**

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

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

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

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

**Medications you take that HART needs to 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

**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 consistent 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

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: \_\_\_\_\_



**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. I feel that the possible benefits are greater than the risks assumed. I, hereby, 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.

**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.*

\_\_\_\_\_ Individual, Parent or Guardian

**MEDICAL TREATMENT CONSENT PLAN**

In the event emergency medical aid/treatment is required due to illness or injury...

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 provision will only be invoked if the person(s) listed as secondary contacts is/are unable to be reached.

\_\_\_\_\_ Individual, Parent or Guardian

**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.

\_\_\_\_\_ Individual, Parent or Guardian

**CONFIDENTIALITY STATEMENT**

Divulging confidential information concerning any information of a sensitive nature 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 is confidential. Such may not be discussed with anyone unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

\_\_\_\_\_ Individual, Parent or Guardian

**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.
- No smoking, running, yelling, “horse play” or 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 and its team; understanding the role of Side Walker vs. Horse Handler; asking questions when not fully understanding what is needed; arriving in a punctual manner; contacting an appropriate substitute when a conflict arises that would cause unavailability.

\_\_\_\_\_ Individual, Parent or Guardian

**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, 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.

\_\_\_\_\_ Individual, Parent or Guardian



# HART Equine Therapy Center, Inc.

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



## 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)