

HART Equine Therapy Center, Inc.



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



JUNIOR VOLUNTEER REGISTRATION – 13 years and under

Date: _____ New or Returning volunteer?

General Information:

First/Middle/Last Name _____
Address _____
City, State, Zip _____
Preferred Phone Number _____
Preferred E-mail _____
Birthday ____/____/____

Training: _____
Background check: _____
T-shirt size: _____

Name of Parent or Guardian _____
Address _____
City, State, Zip _____
Preferred Phone Number _____
Work Phone Number _____
Other Responsible Person _____
Phone _____

Indicate Interest (I) or Experience (E)

I E

	I	E
Grooming		
Tacking		
Sweeping		
Picking up deposits in the arena during lessons		
Hauling bedding in barn		
Watering		
Gardening		
Facility Cleaning		
Help with Hay		
Tack Cleaning		
Historian/Scrapbooking		
Fundraising:		
*Sell candy bars		
Other talents you would like to share:		

Emergency Contact:

Name _____
Relationship _____
Preferred Phone _____
Work Phone _____

For days and times of the week you are available, please circle.

Monday Tuesday Wednesday Thursday Friday Saturday
Morning Afternoon Evening
School Year Summer Sessions

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

Horse Experience _____

Experience with special needs or disabilities _____



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:

I, as parent/guardian of minor, give my permission for

to participate at HART and maintain full responsibility for their actions while on the premises.

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

My child would like to participate in the HART Equine Therapy Center, Inc. (HART) Program as a volunteer. 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.

_____ 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.

_____ 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. I am aware that disregarding any one of these expectations may result in 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.

_____ Parent or Guardian