

Inspire Equine Therapy Program
 1743 Doncaster Road, Clearwater, FL 33764
 (727) 348 – 7104
inspireequinetherapy@gmail.com
<http://www.inspireequinetherapyprogram.org>



Volunteer Registration Packet

Date Received by Inspire Office: _____

Instruction: This application must be filled out completely, legibly, accurately, signed and dated to be processed. If applicants are under 18 years of age, parental or legal guardian consent must be signed where indicated below. This packet and background screening are to be completed in order to be scheduled for a New Volunteer Orientation. Please include a \$10.00 application fee to cover t-shirt cost. Thank you.

Name: _____ Date of Birth: _____

Local Address: _____
 (Street) (City) (State) (Zip)

Phone: _____
 (Home) (Cell) (Work/Alternative)

Email Address: _____

Shirt Size: S M L XL XXL XXXL

	Yes	No
Do you have any physical limitations? If yes, explain:		
Can you walk for 30 minutes and jog short distances?		
Can you lift a minimum of 50 pounds multiple times?		
Are you comfortable around horses?		
Are you able to hold your arm at shoulder height and support modest weight?		
Do you have any additional skills that may benefit our program (PT, OT, PTA, First Aid, teacher, public speaking, construction, horse experience, etc) If yes, explain below:		
How did you hear about Inspire?		
Current or Former Employer (s):		
I wish to volunteer because:		

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Volunteer Authorization for Emergency Medical Treatment

In the event emergency medical treatment is required due to illness and/or injury during the process of volunteering, while being on the property of the agency, I authorize **Inspire Equine Therapy Program**, and its agents/representatives 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.

Name:	
Phone:	
Address:	
Physician:	
Insurance Company:	
Policy #:	Group #:
Insurance Phone #:	
Preferred Medical Facility:	

(Please realize that in a true emergency, transport will be to the nearest appropriate facility)

Emergency Contact Information:

Name: _____

Relationship: _____

_____ Home Phone

_____ Cell Phone

_____ Work Phone

Consent Plan: (Circle One) I Do / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency

Signature of Responsible Party

Printed Name

Date

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EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENT: That _____, who is known to Inspire as a visitor, volunteer, participant, employee or guest, (hereinafter referred to as "Constituent"), for and in consideration of participation in any Inspire Equine Therapy Programs and presence on any Inspire property and for other good and valuable consideration in hand received by Constituent, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Inspire Equine Therapy Program., a Florida nonprofit corporation, 2001 KJ Trust Agreement Utd. 2-11-11, Apharo to the Son and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Constituent has or may have in the future from the signing of this release until the end of such Constituent's participation in an Inspire program or presence on Inspire property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against Inspire for, upon or by reason of any matter, cause or thing whatsoever, from the time of Constituent participation in any Inspire program or being present on any Inspire property until such time as Constituent is not participating in any Inspire program or from a date forward that such Constituent is not present on any Inspire property, such release and hold harmless of Inspire specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property leased by Inspire located at 1743 Doncaster Rd, Clearwater, Pinellas County, Florida, including, handling, care, grooming, leading, riding, driving of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on Inspire property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by Inspire or death or injury of person occurring on Inspire property or claim for damage to any Constituent's personal property brought upon any Inspire property by Constituent.
- 3) Constituent grants Inspire the right and authority to perform a background check on Constituent in advance of Constituent's participation in any Inspire activity or presence on Inspire property and Inspire may make future checks on background from time to time during the Constituent's involvement in any Inspire program or presence on Inspire property. Constituent releases Inspire from any claim, cause of action or damages based upon Inspires authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Constituent who takes transport in any Inspire agent vehicle as part of a sponsored Inspire program occurring outside of the Inspire property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Printed Name: _____ Signature: _____

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP

Parent/ Guardian Printed Name: _____ Signature: _____

Parent / Guardian Phone #: _____ Cell #: _____

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PHOTO AND NAME RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) Inspire Equine Therapy Program, a Florida nonprofit corporation, and its successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "Inspire") the following permission:

Photo Release:

_____ The undersigned hereby grant(s) Inspire to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes Inspire, its advertising agents, news media, and any other persons interested in Inspire and its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of photographic images.

Name Release:

_____ The undersigned hereby grant(s) Inspire to use _____ 's (print full name) full name and consents and authorizes Inspire Equine Therapy Program, its advertising agents, news media, and any other persons interested in Inspire Equine Therapy Program, and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, social media, Inspire website, brochures, pamphlets, instructional materials, books and clinical material.

_____ The undersigned choose(s) not to grant permission for the use of the aforementioned name.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Inspire to use or be in use or be used the aforementioned name and such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 20_____.

Note: Signature of Parent/Guardian is REQUIRED if Constituent is UNDER THE AGE OF 18 or is AN ADULT AND UNDER GUARDIANSHIP.

Adult/Parent/Guardian Name (Print)

Adult/Parent/Guardian Signature

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Confidentiality and Non-Disclosure Agreement (HIPPA & RED FLAGS RULE)

I, _____ (Circle One) I DO / I DO NOT consent that I will not divulge Inspire Equine Therapy Program DATA TO ANY UNAUTHORIZED PERSON FOR ANY REASON. Neither will I directly nor indirectly use, or allow the use of, Inspire Equine Therapy Program data for any purpose other than that directly associated with my official assigned duties. I understand that ALL PARTICIPANT and VOLUNTEER INFORMATION, including financial data, are strictly confidential. Furthermore, I will not, either by direct action or by counsel, discuss, recommend, or suggest to any unauthorized person the nature or content of any Inspire Equine Therapy Program information. I understand that the identity of any Inspire Equine Therapy Program participant is confidential and may not be disclosed intentionally. I agree to treat any information regarding Inspire Equine Therapy Program’s participants as privileged and confidential. I will not reveal or disclose this information to anyone other than authorized persons. Violation of confidentiality is cause for disciplinary action, including immediate dismissal. I understand that signing this document does not preclude me from reporting instances of breach of confidentiality.

Printed Name

Signature

Date

COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

I, _____, am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Inspire Equine Therapy Program; attending an event; and/or receiving face-to-face services from Inspire Equine Therapy Program during the time of a pandemic outbreak, and /or Florida Governor’s or Pinellas County’s declaration of a “stay-at-home” order(s). I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Inspire Equine Therapy Program and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options that may be available for remote services including, telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this Pandemic outbreak. I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Inspire Equine Therapy Program; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves. I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic. Inspire Equine Therapy Program will engage in regular cleaning of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Inspire Equine Therapy Program.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

Printed Name: _____ Signature: _____

Date: _____



Background Check Policy for Volunteers

Policy

Inspire Equine Therapy Program (Inspire) requires completed background screening reports for criminal record checks as part of the application process for volunteers and/or employees 18 and over. This search may include any or all of the following: basic internet search and social media review; research for appropriate court records relating to the applicant's country of residence for evidence of felony and/or misdemeanor convictions; searches of the Florida criminal offender record information database, and/or other state-by-state or national or international criminal databases.

Procedure

- I. Criminal record checks will be completed in accordance with applicable law. Applicants are notified in the application process that a criminal record check will be required and are asked to complete a disclosure and authorization statement in accordance with the Fair Credit Reporting Act (FCRA) authorizing Inspire to conduct a criminal record search. (Refer to statement at bottom of page.)
- II. All applicants 18 years of age and older must go to the Inspire website to fill out a background check. It is the responsibility of the applicant to complete the background check information immediately; Inspire will receive the results within 48 - 72 hours of submission. The results of the background check will be received before the applicant can attend the orientation.
- III. Only Inspire administrative personnel will have the responsibility for reviewing background check reports. All information received will be kept strictly confidential and will not be disseminated to any other individual group, agency, organization or corporation.
- IV. Unless otherwise provided by law, a criminal record will not automatically disqualify an applicant. Rather, determinations of suitability based on criminal record checks will be made consistent with this policy and any applicable law or regulations.
- V. If Inspire reasonably believes the record belongs to the applicant and is accurate, then determination of the applicant's suitability for the position will be made. Factors considered in determining suitability may include, but not be limited to the following: Relevance of the crime to the position sought a) The nature of the work to be performed b) Time since the conviction c) Age of the candidate at the time of the offense d) Seriousness and specific circumstances of the offense e) The number of offenses f) Whether the applicant has pending charges g) Any relevant evidence of rehabilitation or lack thereof h) Any other relevant information, including information submitted by the applicant or requested by the hiring authority.

Indicators that may be used as grounds for disqualification may include, but are not limited to, the following:

- a) Unwillingness to consent to background screening and lying about criminal history on volunteer application.
- b) All sex offenses, regardless of the amount of time since the offense (e.g., child molestation, rap, sexual assault, sexual battery, prostitution, solicitation, indecent exposure, etc.)
- c) All offenses involving child abuse or neglect, regardless of the amount of time since the offense.
- d) All felony violence, regardless of the amount of time since the offense (e.g., murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.)
- e) All felony offenses other than violence or sex within the past 10 years (e.g., drug offenses, theft embezzlement, fraud, child endangerment, etc.)



- f) All misdemeanor violence offenses with the past 7 years (e.g., simple assault, battery, domestic violence, hit and run, etc.)
- g) Any misdemeanor within the past 5 years that would be considered a potential danger to children or is directly related to the functions of a volunteer (e.g.; contributing to the delinquency of minor, providing alcohol or drugs to a minor, theft, etc.)

If a criminal record is received, an authorized individual will closely compare the record provided with the information on the disclosure and authorization statement, along with any other identifying information provided by the applicant, to ensure the record relates to the applicant.

- VI. If Inspire is inclined to make an adverse decision based on the results of the criminal background check, the applicant will be notified immediately by the Volunteer Coordinator. The applicant will be provided with a copy of the criminal record, Inspire's criminal background check policy and will be advised of the part(s) of the record that make the individual unsuitable for the position. Inspire will provide the applicant with an opportunity to dispute the accuracy and relevance of the criminal record.
- VII. Applicants challenging the accuracy of a criminal record shall be provided the following information: Contact the Florida Department of Law Enforcement at <http://www.fdle.state.fl.us> for information on the process of correcting a criminal record.
- VIII. If the criminal record provided does not exactly match the identification information provided by the applicant, Inspire will make a determination based on a comparison of the criminal record and documents provided by the applicant.
- IX. Inspire will notify the applicant of the decision and the basis of the decision in a timely manner.
- X. Background screenings are to be completed every 3 years for active Inspire Volunteers.

Inspire's Volunteer Background Screening Application disclosure and authorization statement:

I _____ (volunteer), authorize Inspire to receive completed background check results and receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, 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. I understand that such access is for the purpose of considering my application as an volunteer, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual group, agency, organization or corporation.

Signature _____ Date: _____

If you DO NOT consent to a background screening, your application will be terminated and you will be unable to volunteer with Inspire Equine Therapy Program.