



# Volunteer Forms

## Vinceremos Therapeutic Riding Center

*Unveiling Hidden Potential*



### GENERAL INFORMATION

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Male  Female Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Guardian Information:

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Circle all areas you are interested in:

<u>Program</u>	<u>Special Events</u>	<u>Administration</u>	
Horse Handling	Horse Show	Public Relations	Photography/Video
Sidewalking with a student	Fundraising	Grant Writing	Budget & Finance
Stable Management	Special Olympics	Newsletter	Future Planning
Facility Repairs	Trail Rides	Volunteer Recruitment	

How did you learn about Vinceremos? \_\_\_\_\_

What kind of horse experience do you have? \_\_\_\_\_

What experience do you have with the Special Needs population? \_\_\_\_\_

What else would you like us to know about yourself? \_\_\_\_\_

What is the best way to contact you?  Home Phone  Cell Phone  Email  Text

What do you hope to gain from your volunteer experience? \_\_\_\_\_

School/Institution/Place of Employment: \_\_\_\_\_

Current Driver's License:  Yes  No License Number: \_\_\_\_\_ State: \_\_\_\_\_

Are you completing hours for community service?  No  Yes for school credit  Yes due to court order (please explain): \_\_\_\_\_

How would you like to pay for your \$25 Volunteer Application Fee?  Cash  Check  Credit Card  
*This money is used to pay for VTRC's Volunteer Accident Insurance and is waived for senior citizens.*

Office Use Only: Paid \_\_\_ Got Shirt \_\_\_



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### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies and Treatment Required: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**In the event of an emergency, contact (at least one contact is required):**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent Plan:** In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Vinceremos Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

**Date:** \_\_\_\_\_ **Consent Signature:** \_\_\_\_\_  
*Parent or Legal Guardian must sign if Applicant is under 18 years of age*

- or -

**Non-Consent Plan:** I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

1. Parent or legal guardian will remain on site at all times during equine assisted activities.
2. In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Non-Consent Signature:** \_\_\_\_\_  
*Parent or Legal Guardian must sign if Applicant is under 18 years of age  
(Do not sign if Consent is signed above.)*



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Applicant Name: \_\_\_\_\_

### HEALTH HISTORY

Date of Last Tetanus Shot: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization or surgeries, or lifestyle changes:

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

### BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime?  Yes  No If yes, please explain: \_\_\_\_\_

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

I, \_\_\_\_\_ (**Applicant**), authorize Vinceremos Therapeutic Riding Center to 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 or animals.

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

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

*Parent or Legal Guardian must sign if Applicant is under 18 years of age*

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

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

*Parent or Legal Guardian must sign if Applicant is under 18 years of age*

**PHOTO RELEASE:**  I Do  I Do Not Consent to and authorize the use and reproduction by Vinceremos Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the Center.

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

*Parent or Legal Guardian must sign if Applicant is under 18 years of age*

**CONFIDENTIALITY AGREEMENT:** I understand that all information (written and verbal) about participants at this center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

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

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### VOLUNTEER/VISITOR/SPECTATOR READ BEFORE SIGNING

### EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS

This Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by \_\_\_\_\_  (Person Signing) on his/her own behalf OR  as the parent or guardian of \_\_\_\_\_ (Applicant) to VINCEREMOS RIDING CENTER, INC., a Florida not-for-profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor") and agrees as follows:

In consideration of the opportunities provided by the Sponsor to the undersigned, including any minor or legal ward in whose behalf the undersigned signs this Agreement (collectively, the "Participant"), for the enjoyment of equine activities and the use of the Sponsor's facility and equipment, the Participant hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Participant hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Participant or damage to the Participant's property (the "Risks"), including, but not limited to:

The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;

The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects;

Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;

The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions;

The dangers and risks of tack or harness loosening, slipping or breaking for whatever reason.

The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity;

The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason;

Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Participant or damage to the Participant's property.

3. The Participant hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.

Please Initial

Initial: \_\_\_\_\_  
Date: \_\_\_\_\_



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4. The Participant hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. The Participant agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Participant has hereby assumed the risk and is responsible in accordance with this Agreement.
5. The Participant agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. The Participant agrees that the Sponsor has made reasonable and prudent efforts to determine the Participant's ability to engage in the Equine Activity offered by the Sponsor and the Participant has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Participant for participation in the Equine Activity offered by the Sponsor.
6. The Participant agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Participant in such activity as well as to the person or property of others.
7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Participant until expressly revoked by the Participant in a written notice personally delivered to the Sponsor.
8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.
9. If this Agreement is executed by the undersigned for and on behalf of a minor Participant as named below, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Participant, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.
10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Participant and the undersigned.

### WARNING

**Under Florida Law, an equine activity 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.**

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

*Parent or Legal Guardian must sign if Applicant is under 18 years of age*

FOR MINORS UNDER 18 YEARS OF AGE:

Print Name of Minor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Numbers: Cell (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_



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**Reference Sheet**

Please provide the name and number of two personal or professional references not related to the Applicant:

1. Name of Reference: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name of Reference: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_