



VOLUNTEER APPLICATION PACKET

General Information

Name (First/Last) _____ Date _____
Address _____ City _____ Zip _____
Phone (H) _____ (C) _____ (W) _____
Email _____
DOB : _____ Age: _____ Gender: M / F

Parent/Legal Guardian Name and Address (if under 18 years of age):

Name (First/Last) _____
Address _____ City _____ Zip _____
Phone (H) _____ (C) _____ (W) _____
Relationship: _____

Emergency Contact Name: _____
Relationship to Volunteer: _____
Emergency Contact Phone: (H) _____ (C) _____ (W) _____

How did you learn about our program? _____

Have you ever worked with horses (no prior experience is necessary to volunteer): Y / N

If so, explain _____

Do you have experience working with special needs individuals? Y / N

If yes, explain _____



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Responsibilities may include the following:

• **Be reliable and on time for your scheduled shift**

- Helping prepare a horse for its lesson (horse grooming, preparing tack, etc)
- Assisting with rider support during mounting and dismounting as necessary
- Leading horses or walking next to the rider throughout the lesson and providing any necessary physical support
- Helping the rider follow directions given by the instructor
- Other activities as needed

Do you have any limitations that may affect your ability to assist? Y / N

If yes, please explain. _____

Volunteer Availability

Please check the boxes that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8-9am	n/a	n/a	n/a	n/a	n/a	n/a	
9-10am	n/a					n/a	
10-11am	n/a					n/a	
11-12am	n/a					n/a	
1-2pm	n/a					n/a	
2-3pm	n/a					n/a	
3-4pm	n/a					n/a	

Please include any additional information about your availability or special skills here:



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Volunteer Conduct and Guidelines

1. Volunteers must be a minimum of 16 years of age
2. Ideally volunteers can commit to a regular weekly schedule for 3 months so our instructor can prepare lessons accordingly. Please discuss your availability with the instructor
3. Volunteers are required to attend orientations, and/or training as CPR deems necessary.
4. Volunteers must accept the guidance and decisions of the professional staff person responsible for volunteer activities.
5. Volunteers are responsible for keeping track of when they are scheduled and reasonable notice (at least 48 hours) is required if unable to make a volunteer shift. The more notice the better as it may affect current lessons already scheduled.
6. Volunteers should be courteous and helpful at all times and treat all people and animals with respect.
7. Volunteers are required to adhere to all rules as outlined by the program supervisor/instructor.
8. CPR reserves the right to dismiss individuals who threaten or are no longer considered safe around the facility for not following procedures or safety instructions.
9. Volunteers should refer questions from the public regarding CPR policies to the staff.
10. Volunteers need to maintain client confidentiality at all times. No photos or videos of any kind can be taken on facility grounds without prior consent. See confidentiality agreement below.
11. Volunteers are required to wear appropriate attire such as long pants or jeans (no shorts or capris) and sturdy closed toe shoes such as boots, or sneakers. T-shirts without offensive logos, and a hat (optional).
12. Parents are required to sign paperwork for junior volunteers.
13. Any accident or injury to either a person or animal should be reported to the Instructor immediately.

Confidentiality Agreement

I understand that all information (written and verbal) about participants in the CPR program is confidential in nature. I will keep all medical, social, personal and financial information about any of the students or their families confidential.. Confidentiality includes photographic and video imaging. I affirm that I understand this policy in its entirety, and I agree to comply.

Signature: _____ Date: _____

Print Name: _____

Parent/Guardian Signature (if under 18): _____



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AUTHORIZATION FOR MEDICAL TREATMENT

In the event emergency treatment/medical aid is required due to illness or injury during a therapeutic riding session, or while being on the property of CPR/Miller Equestrian Services or inconnection with, I authorize Cougar Pass Recovery Ranch and/or its 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 treatment.

This authorization includes x-ray, surgery, hospitalization and any treatment procedure deemed necessary by the physician for the participant listed below:

Name of Participant: _____

Address/City/State/Zip: _____

Phone: _____ DOB: _____

Allergies: _____

Date of Last Tetanus Shot: _____

Medications or Any special structions: _____

If participant is a minor or has a legal guardian, please list emergency contact information:

Emergency Contact#1: _____ Relationship: _____

Phone (C) _____ (H) _____ (W) _____

Emergency contact #2: _____ Relationship: _____

Phone (C) _____ (H) _____ (W) _____

I give my consent for Emergency Medical Treatment as indicated above:

Consent Signature: _____ Date: _____

Print Name: _____ Relationship: _____