



Special Equestrians, Inc.

PO Box 61528
 Fort Myers, FL 33906-1528
 telephone: 239.226.1221
 fax: 239.226.1279
 email: spequestrians@gmail.com
 website: www.specialequestrians.net

Volunteer/Staff Information Form and Health History

General Information

Name: _____ Date of Birth: _____ Date: _____
 Local Address: _____ Summer Address: _____
 Street: _____ Street: _____
 City: _____ City: _____
 State: _____ Zip: _____ State: _____ Zip: _____ Phone: _____
 Local Phone: (H) _____ (W) _____ (C) _____ Email: _____
 Employer/School: _____
 Parent/Legal Guardian/Caregiver - Name, Address and Phone Number _____

How did you learn about the program? _____

Health History

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 hospitalizations/surgeries or lifestyle changes.

Place a **CHECK MARK** next to any **DAY/TIME** you are available to volunteer. **Program class days are highlighted in Yellow.**
NOTE: We need volunteers on all days and times, to fill our many different types of volunteer needs.

Monday	AM	PM	Tuesday	AM	PM	Wednesday	AM	PM
Thursday	AM	PM	Friday	AM	PM	Saturday	AM	PM

Place a **CHECK MARK** next to the **AREAS** where you would like to volunteer:

<u>Program Services</u>	<u>Administrative Support</u>	<u>Public Relations</u>	<u>Fund-Raising</u>
_____ Horse Leading	_____ Computer skills	_____ Program Presentations	_____ Special Events
_____ Sidewalking for a rider	_____ Thank you letters	_____ Civic Events	_____ Grant-Writing
_____ Horse Care	_____ General Office Duties	_____ Newsletter (online)	_____ Taste of Love
_____ Equipment Cleaning	_____ Telephone Calling	_____ Advertising	_____ Rideathon
_____ Horse Transport			
_____ Facility Repair	Other skills or training that would be helpful to our program:		
_____ Grounds Care, General Cleanup	_____		
_____ Building Projects	_____		
_____ Hay Delivery Day at SE facility	_____		
_____ Office Cleaning	_____		

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

► **Signature** _____ ◀ **Date** _____

Volunteer/Staff Information Form and Health History –

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Photo Release

I _____ DO
_____ DO NOT

consent to and authorize the use and reproduction by Special Equestrians, Inc. 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.

► **Signature** _____ ◀ **Date** _____
(Volunteer/Staff)

Background Information

Have you ever been charged with or convicted of a crime? Y N; please explain _____

I, _____ (volunteer/staff), authorize Special Equestrians 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 an employee/volunteer, and that I expressly DO NOT authorize the PATH Intl. 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** _____
(Volunteer/Staff)

CURRENT DRIVER'S LICENSE (check one): Y N

DRIVER'S LICENSE NUMBER _____ STATE _____



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Emergency Medical Treatment Form

___ Participant ___ Volunteer ___ Staff

Name: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event that 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, Special Equestrians, Inc. will determine if emergency services should be contacted. The injured adult or legal guardian/parent has the right to refuse treatment from the emergency responders; however Special Equestrians will call for emergency medical treatment services, when it is deemed necessary by our staff.

In the event of needed emergency medical treatment, Special Equestrians will:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the 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: _____
Participant, Volunteer, Staff, Parent or Legal Guardian



Side Walking and Horse Leading Questionnaire

Our Special Equestrians volunteers are a vital part of the program. Up to three volunteers may be needed for each rider, to either lead the horses and ponies or act as side walkers. For that reason, the program needs to rely upon many volunteers for each riding session. Without the volunteers, the program could not exist or expand to include a greater number of participants/riders. **Currently classes are held on Wednesday and Saturday mornings from 9 AM to 12 Noon, on Tuesday afternoon from 4 PM to 6 PM, and on Thursday afternoon from 3 PM to 6 PM.** Volunteers are asked to come one hour before classes begin, to help prepare the horses and set up the arena for classes.

Side walkers walk next to the horse during the class session and provide various degrees of support to the rider. No previous experience is needed but this is a physical job that entails strength in the arms and ability to walk for at least 45 minutes. Some short distance jogging may be involved if you are able, but this is not mandatory to be a side walker.

Horse leaders must be familiar with horses and be able to lead the horse, keeping it calm and under control during the class session. Horse leaders for the program must use the leading techniques which are taught and used by Special Equestrians. Our leading techniques are based on Natural Horsemanship methods.

The following questions will help to determine whether you will be able to meet the criteria needed for these jobs. We will have volunteer training to familiarize volunteers with our techniques and requirements.

Do you have physical limitations? Please be specific _____

Can you walk for 45 minutes? _____ Can you jog for short distances? _____

Given a chance to change sides frequently, can you hold your arms above shoulder height and support modest weight? _____

Are you comfortable working around horses/ponies? _____

Do you have experience with horses or ponies? _____ Specify _____

Have you had riding experience? Describe _____

Volunteer Attire Policy

Volunteers may not wear open-toed shoes or sandals when working near the horses. Volunteers must wear sturdy closed-toed shoes or boots that offer foot protection. Dangling jewelry is unsafe to wear with some participants. Refrain from wearing dangling jewelry during the program. Please do not wear perfume or cologne, as it can attract bees and other biting insects. In addition, some of our participants are allergic to perfume and cologne.



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SPECIAL EQUESTRIANS VOLUNTEER/STAFF RELEASE OF LIABILITY AGREEMENT

I, _____, IN CONSIDERATION OF THE AGREEMENT OF THE SPECIAL EQUESTRIANS, INC., DOES/DO HEREBY FOREVER RELEASE, ACQUIT, DISCHARGE AND HOLD HARMLESS THE SPECIAL EQUESTRIANS, INC., ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS, FOR ALL MANNER OF CLAIMS, DEMANDS AND DAMAGES OF EVERY KIND AND NATURE WHATSOEVER, WHICH THE UNDERSIGNED OR VOLUNTEER MAY NOW, OR IN THE FUTURE, HAVE AGAINST THE SPECIAL EQUESTRIANS, INC. ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS OR ASSIGNS ON ACCOUNT OF ANY PERSONAL INJURIES, PHYSICAL OR MENTAL CONDITION, KNOWN OR UNKNOWN, TO THE PERSON AND THE TREATMENT THEREFORE AS A RESULT OF, OR IN ANY WAY GROWING OUT OF THE ACTS OF THE SPECIAL EQUESTRIANS, INC., ITS OFFICERS, TRUSTEES, AGENTS, EMPLOYEES, REPRESENTATIVES, SUCCESSORS OR ASSIGNS, INCLUDING, BUT NOT LIMITED TO, THEIR NEGLIGENCE OR GROSS NEGLIGENCE, IN PARTICIPATION IN THE PROGRAM OR IN ANY WAY INCIDENTAL THERETO.

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 RISK OF EQUINE ACTIVITIES.

► SIGNATURE _____ ◀ DATE _____

VOLUNTEER/STAFF SIGNATURE

(PARENT OR GUARDIAN, IF UNDER 18)



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Confidentiality Policy for Special Equestrians, Inc.

1. Riders and their families, staff members, and volunteers have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. The therapeutic riding center shall preserve the right of confidentiality for all individuals in its program.
2. The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family. Any person who accidentally obtains such information must not disclose it to anyone without proper authorization.
3. Anyone who works or volunteers for, or provides services to, the therapeutic riding center is bound by the confidentiality policy, including but not limited to: full- and part-time staff, independent contractors, temporary employees, volunteers, and board members.
4. A person must be over the age of 18 to give consent for disclosure of medical or sensitive information. For anyone under the age of 18, only parent(s), legal guardian or other legal representatives may give consent for disclosure. Adults with developmental disabilities are presumed legally competent to give or deny disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, written consent must be obtained from that individual.
5. Disclosure of private or sensitive information will not be given out without a person's consent based on a *perceived* need to protect staff or anyone else from possible exposure through casual contact. EVERYONE should commonly practice infection control procedures with all riders and volunteers under the assumption that anyone could have HIV, hepatitis, or other blood-borne diseases. Casual contact poses NO RISK of transmission of diseases such as HIV.
6. Information will be disclosed to outside agencies or individuals only with the specific written consent of the rider or client (or volunteers due to a medical emergency).
7. Breach of this confidentiality policy may result in reprimand, loss of certain job/volunteer responsibilities, or termination of services/employment, to be determined by the Program Director and/or Board of Directors based on the severity of the breach.

I understand and will observe the confidentiality policy of Special Equestrians, Inc.

Signature: _____ **Date:** _____
(Signature required of all staff, volunteers, independent contractors, board members, and temporary employees)