

# VOLUNTEER REGISTRATION FORM

## Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_ May we contact you via e-mail: yes / no

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

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ May we contact you at work? \_\_\_\_\_

Best phone number to reach you: Circle one: home, work, or cell Second best: Circle one: home, work, or cell

Parent/Legal Guardian Name and Phone: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine therapeutic program. Address recent hospitalizations/surgeries or lifestyle changes.

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

## General Information

How did you hear about Grace Lake? \_\_\_\_\_

Why are you interested in volunteering at Grace Lake? \_\_\_\_\_

Describe your experience with horses: \_\_\_\_\_

Grace Lake Leaders must know how to groom, tack, lead horses, and have knowledge of horse temperament. Do you think you qualify as a Leader? \_\_\_\_\_

### Check which areas you are interested in:

Program

- Leading a horse
- Sidewalking with a student
- Stable management

Special Events

- Fundraising
- Special Olympics
- Horse Show

Administration

- Public Relations
- Grant Writing
- Newsletter

- Volunteer Recruitment
- Photography/Video
- Administrative Assistant

### Check which areas you are skilled in:

- Horse leader / handler
- Training horses

- Facility improvements
- Computer projects

- Fundraising
- Praying

- Public speaking/relations
- Marketing/Advertising

Please list any other information about yourself that you feel could be useful to our program.

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

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## Liability Release

\_\_\_\_\_ (Volunteers Name) would like to participate in the Grace Lake Ministries therapeutic horsemanship program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risks assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Grace Lake Ministries, its Board of Directors, Instructors, Therapists, Aids, Horse Owners Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Grace Lake Ministries therapeutic horsemanship programs.

**WARNING** – Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer Parent or Legal Guardian if under the age of 18

## Photo Release

I  DO  
 DO NOT

consent to and authorize the use and reproduction by Grace Lake Ministries 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 program.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer Parent or Legal Guardian if under the age of 18

## Criminal Background Information

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

I authorize Grace Lake Ministries to receive information from any law enforcement agency, including police 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 by 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 the NARHA 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

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Parent / Guardian's Signature if under 18

\_\_\_\_\_  
Volunteer's Printed Name

\_\_\_\_\_  
Parent / Guardian's Printed Name

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State

## Confidentiality Agreement

I understand that all information (written or verbal) about participants at Grace Lake Ministries 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.

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

# Authorization for Emergency Medical Treatment Form

Name: \_\_\_\_\_ Rider \_\_\_\_\_ Staff \_\_\_\_\_ Volunteer \_\_\_\_\_  
DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

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

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

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

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

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

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 an agency, I authorize Grace Lake Ministries 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.

## Consent Plan

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

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent, or Legal Guardian

## Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness of injury during the process of receiving services on the property of the agency.

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

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

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Client, Parent, or Legal Guardian