



SHEPARD MEADOWS EQUESTRIAN CENTER, INC.

VOLUNTEER APPLICATION & RELEASE

NAME _____ DATE OF BIRTH ____/____/____ AGE _____

ADDRESS _____ Email: _____

CITY _____ STATE _____ ZIP _____

HOME PH: _____ WORK PH: _____ CELL PH _____

MOST RECENT EMPLOYMENT/SCHOOL _____ Occupation: _____

PARENT/GUARDIAN NAME _____ PHONE _____
(For volunteers under 18 years of age)

Reason for volunteering: _____ personal fulfillment _____ school requirement _____ court required community service

How did you hear about us? Friend Relative Newspaper Flyer Internet Other _____

Reference Name (non-relative) _____ Phone _____

Please indicate your experience:

- Do you have horse experience? _____
- Experience with individuals with special needs: _____

Volunteer Interests:

Lesson Program Volunteer. I am interested in assisting with mounted & unmounted horse activities including the following:

_____ Side-walking Riders _____ Horse Leading (must have horse experience) _____ Unmounted Horsemanship

_____ Caring for Stable & Farm _____ Cleaning Paddocks _____ General Maintenance & Repairs _____ Fundraising

Do you have specific skills or professional experience that would benefit Shepard Meadows? _____ Photo/Video _____ Technology _____
Marketing/Graphic Design _____ Fundraising/Grant Writing _____ Other? _____

Volunteer Availability. Please indicate below the days/times you are available to volunteer on a regular weekly basis. Your actual volunteer schedule will be arranged following your volunteer training.

Please check the days you are consistently available. Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Weekday Mornings (indicate time available) _____ **Weekday Afternoons** (indicate time available) _____

Weekend Mornings (indicate time available) _____ **Weekend Afternoons** (indicate time available) _____

In addition to my regular schedule, I would be available to substitute if needed. _____

SIGN-UP FOR NEWSLETTERS AND EMAILS: _____ Yes _____ No

PLEASE READ EACH OF THE FOLLOWING ITEMS CAREFULLY BEFORE SIGNING:

CONFIDENTIALITY POLICY

CONFIDENTIALITY POLICY: Shepard Meadows places great importance on protecting the confidential information of our clients, our staff and our volunteers. "Confidential Information" includes, but is not limited to, personally identifiable information such as surnames, telephone numbers, addresses, e-mails, etc., as well as the non-public business records of Shepard Meadows. Medical information about clients, information about their disabilities or special needs, and photographs must be protected as Confidential Information. Volunteers shall never disclose Confidential Information to anyone other than Shepard Meadows staff. I have read and understand the Shepard Meadows Confidentiality Policy and agree to abide by same.

Date: _____ Confidentiality Signature(s) _____ / _____
Volunteer Signature Parent/Guardian Signature if Volunteer under 18
years of age

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR VOLUNTEERS

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Shepard Meadows to secure and retain medical treatment and transportation, and if needed release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In case of Emergency, contact: _____ Phone _____

Physician's Name: _____ Town: _____ Phone _____

Please indicate any medical conditions/limitations, medications, allergies, or disabilities that may affect your volunteer role, with reasonable accommodations, that we should be aware of _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached.) I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency. *

Date: _____ Consent Signature(s): _____ / _____
Volunteer Signature Parent/Guardian Signature if Volunteer under 18 years of age

* If you choose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.

