Volunteer Application Packet for Equine Facilitated Activities

First Name	Initial Middle	Last Name
Birthdate	Today's Date	Phone Number
Email Address		
Mailing Address		

Permission to use photos and videos

Tiny Voice Therapy Services may reproduce and use of any and all likenesses, including photos and videos, made in connection with volunteer's participation in Tiny Voice Therapy Services activities for the purpose of marketing and educating others about our clinic, including, but not limited to, brochures, social media, PowerPoint presentations, etc.

____ __________________

Signature Date

Confidentiality

As a volunteer for Tiny Voice Therapy Services, I agree to maintain the confidentiality of the identity of its clients and their families. It is understood that names, addresses, phone numbers, disabilities, goals/progress, photographs and/or anything else regarding the clients are private and confidential. I will not reveal this information (verbally, electronically or in any manner) to any other person or agency for any reason, unless required by law or in the case of emergency medical treatment. Simply stated, I will not discuss any client details outside the clinic, verbally or on social networking sites. If I encounter a Tiny Voice client away from the site, I will not approach them, but will wait for him or her to acknowledge me first and I will not offer any opinion on progress but to instruct the family to refer back to the therapist for an answer.

____________________________________ _____________________

Volunteer Signature Date

Background Checks

Tiny Voice Therapy conducts background checks on every volunteer over the age of 18. Presently, or in the past, have you been charged with or convicted of a crime?

Yes No

If Yes, please explain. All information is kept confidential

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I give Tiny Voice permission to conduct a personal background check on myself and to receive information regarding my criminal past for the sole reason of reviewing my application as a potential volunteer for this organization. I will bring a photo ID to Volunteer Training so that my age and identity can be verified by Tiny Voice staff. It is understood that if results of my background check comes back unacceptable, I may be asked to resign my position as a Tiny Voice Therapy volunteer.

________________________________ _________________________

Signature Printed Name

____________ ____

Date Illinois Driver's License Number

Have you gone by any other names in the past 10 years? ____ Yes _____ No

Provide name if yes: ____

References

List 2 references that can attest to your work ethic, horse experience and character. List their name, phone number, and how they know you.

1. ____
2. ____

In what ways have you been involved with farm animals or horses? Do you have at least 2 years of experience with horses?

____

____

____

Have you ever been involved with or had work or life experiences with people with special needs/disabilities? ______ Yes ______No

Describe your experiences ____

____

How many hours can you volunteer each week? ___________________________

Please shade in the following schedule of when you are available on a consistent basis

Times	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-9:00					
9:00-10:00					
10:00-11:00					
11:00-12:00					
12:00-1:00					
1:00-2:00					
2:00-3:00					
3:00-4:00					
4:00-5:00					
5:00-6:00					

Does your availability change over the summer? If so, explain

____

____

Describe your strengths ____

____

____

Describe your limitations ____

____

____

ROLES – We can utilize volunteers in a wide variety of ways. How would you most like to help? Check all that interests you.

___ Horse Leader ___ Sidewalker ___ Grooming ___Cleaning Tack

___ Making Therapy Games ___Stall Cleaner ___ Feeding

___ Horse Trainer____ Cleaning (tack room, aisle way)

____ Any other suggestions ____

<u>Volunteer Waiver of Right to Sue</u>

Release of all claims and Indemnity Agreement

All participants (riders and volunteers) are required to complete this Release. By signing below, I:

- Acknowledge that horseback riding and horse handling involves risks, may cause serious injury and, in some cases, death, because of the unpredictable behavior of horses, regardless of their training and past performance.
- Knowingly and voluntarily assume the risk and danger of injury or death inherent in the use of a horse, being on the premises and using the equipment and gear provided to me.
- Agree to be solely responsible for complying fully with all safety regulations and practices, including, but not limited to, the use of a properly fitted and certified riding helmet and the wearing of proper footwear. There is no non-consent for helmet use.
- Hereby FOREVER RELEASE, DISCHARGE, AND HOLD HARMLESS Tiny voice Therapy Services LLC, doing business under its own name or any other names, its owners, directors, managers, operators, volunteers, employees, contractors, and horse owners from and against any claims of liability arising from the negligence of Tiny Voice Therapy Services LLC, its owners, directions, managers, operators, volunteers, employees, contractors, and horse owners for any injury, claim, judgment, or expense they may incur, arising out of, or in any way connected, to the participant's use of the horse, presence on the premises, and use of any equipment.
- Agree that Tiny Voice Therapy Services does not provide medical insurance for volunteers. All volunteers are strongly encouraged to carry a medical insurance policy as in the event of an injury, we do not carry coverage for volunteers.
- Agree to abide by and follow any instructions given or rules established by the program, or any staff, regarding to the use of the premises, horses, or any equipment or gear provided.

All volunteers and their guardians (if under 18) will sign the agreement, It must be turned in prior to any volunteering.

Volunteer Printed Name ________________________________ Date__________________

Volunteer Signature ____

Parent/ Guardian Printed Name _____________________________________ Date______________

Parent/ Guardian Signature____

Confidential: Volunteer Medical Information and Consent for Emergency Medical Treatment

Volunteer Name ____ Date of Birth_________

Home Phone _______________________________ Cell Phone _________________________________

Home Address ____

Physician's Name _____________________________________ Physician's Phone________________

Health Insurance Co. ____ Policy #_________________

(Personal Medical coverage is highly recommended as Tiny Voice does NOT offer medical insurance in case of injuries to volunteers)

Known Allergies ____

Able to walk (1hr) and jog (5 min) in sand?_________

Medications ____ Seizure Disorder?__________

Spinal or Orthopedic Conditions _______________________________ Back or Neck Pain?______

Emotional, Attentional, or Behavioral conditions? _____________________________________

Tetanus Shot (recommended) _____ Yes ____ No If yes, when was it last administered?_____________

Please list any special precautions, medical history, or anything we might need or want to know____

____

If a medical emergency should occur while volunteering at Tiny Voice Therapy, please contact in order

Name ________________________________ Phone Numbers______________________________

Name_________________________________ Phone Numbers______________________________

Name_________________________________ Phone Numbers______________________________

If an emergency occurs and medical aid/treatment is needed because of illness or injury and if the above listed contacts cannot be reached, I authorize Tiny Voice Therapy to make agreements for my medical treatment, include arranging transportation to a healthcare provider and grant permission to disclose the information contained in this Application to the healthcare provider. This provision will only be utilized if I and those listed above as my

emergency contacts cannot be reached or such contact is not practicable under the circumstances. I acknowledge that individuals refusing emergency medical treatment cannot participate in the programs at Tiny voice.

Volunteer Signature ____ Date_______________

(Or Guardian if under 18 years of age)