



13674 Greencastle Pike
Hagerstown, MD 21740
Phone: 301-791-6222

Volunteer Application And Health History

We consider volunteers for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

General Information

Participant Name: _____

DOB: _____ Age: _____ Gender _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Parents/Guardians: _____

Caregivers: _____

Address/Phone (if different from above): _____

Emergency Contact: _____ **Phone:** _____

Is participant registering through an agency: _____ Contact Person: _____

Agency Address: _____

Agency Phone: _____ Ext. _____

Referral Source: _____ Phone: _____

How did you hear about the program? _____

Student Retired Homemaker Unemployed Employed

Health History

Can you walk for 45 minutes and jog for short distances? ____ yes ____no

Can you hold your arm above your shoulder height and support a modest amount of weight? ____yes ____no

Please describe any disorders, medical conditions or injuries that may impact your ability to manage the physical and /or emotions demands of working in an equine assisted program. Volunteer responsibilities may include communicating with others, following directions, working independently, walking for extended periods of time, jogging short distances, working in the hot/humid/cold conditions, working with clients who may have mild to severe mental and /or physical challenges, and working with large animals. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization/surgeries or lifestyle changes.

Medications (include prescriptions and over-the-counter, name, dose and frequency)

Allergies:

Goals (i.e. why are you applying for participation? What would you like to accomplish?)

Applicant Signature

Parent/Guardian Signature (if under 18)

Date: _____

BACKGROUND CHECK

I realize that Star Equestrian Center requires a criminal background check for those 18 year of age and over. Acceptance of volunteer services will be contingent upon the results.

Have you ever been convicted of a crime or received a verdict of anything other than not guilty in any criminal investigation or proceeding? (A criminal offense may not necessarily bar engagement of volunteer services)

_____ YES _____ NO

Date: _____ Signature or applicant: _____

EMPLOYMENT/VOLUNTEER EXPERIENCE

Employer: _____ Phone #: _____

Address: _____

Supervisor: _____ Your Job Title: _____

Work Performed: _____

Regular Working Hours: _____

LANGUAGE SKILLS

Braille: _____ Fluent _____ Good _____ Fair

Sign Language: _____ Fluent _____ Good _____ Fair

TRAINING

Describe any specialized training, apprenticeship, skills, hobbies, and extracurricular activities.

PERSONAL REFERENCES

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

Name: _____ Phone #: _____

Address: _____

REFERENCE REQUEST AUTHORIZATION

TO WHOM IT MAY CONCERN:

I hereby authorize you to release to Star Community, Inc. Star Equestrian Center any information pertaining to my personal reference information. I unconditionally release you and your organization from all liability for releasing this information.

Applicant Signature

Parent/Guardian Signature(If under 18)

Date: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for volunteer services as may be necessary in arriving at a decision.

This application for volunteer services shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for volunteer services beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that false or misleading information given in my application or interview(s) may result in the decision of the Center Director to terminate my volunteer relations with Star Equestrian Center. I understand also that I am required to abide by all rules and regulations of Star Equestrian Center.

Applicant Signature

Parent/Guardian Signature (if under 18)

Date: _____

VOLUNTEER INFORMATION

You are available: _____ Days _____ Evenings _____ Weekends

Given a chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? _____ Yes _____ No

Are you comfortable working/walking around horses/ponies? _____ Yes _____ No

Do you have experience with horses or ponies? _____ Yes _____ No
If yes, specify _____

Do you have any other skills or training that may be of benefit to a volunteer program? (Example: carpenter, computer, and instructor)

Our greatest need is for side walkers and mount leaders. Please check those areas you are interested in:

_____ Side walker/mount leader in riding class

_____ Telephone Calling

_____ Assist with transportation of mounts
or handicapped/disabled individuals

_____ Typing/Office

_____ Fundraising

_____ Maintenance of Facility

_____ Publicity, i.e., writing articles, contacting
organizations, etc.

_____ Equipment Care

_____ Stable Management

_____ 4H Program

VOLUNTEER LETTER OF UNDERSTANDING

Congratulations on taking the opportunity to serve through joining our Volunteer program. Your willingness to contribute your intelligence, compassion and energy to this endeavor is appreciated. Please read this letter carefully and return it with your signature.

_____ Yes, I accept the offer to serve as a volunteer at the Star Community, Inc. and/or Star Equestrian Center with the following understanding:

- I intend to commit about three hours per week for three months.
- I agree to abide by the policies of Star Community, Inc. as explained to me during volunteer orientation.
- I agree to respect the Confidentiality Rights of all participants in the Volunteer program by refraining from mentioning names or identifying details. When in doubt about the Confidentiality Policy, I will consult the center director.
- I understand that this letter is not an offer of employment.
- I will provide a record of my hours in volunteer service on a monthly basis and make every effort to participate in the evaluation of the program.
- I will provide notice of my intention to interrupt or end my participation in the Program.
- Upon termination of my volunteer service, I will return any agency property in my possession, including but not limited to identification cards.

Applicant Signature

Parent/Guardian Signature (if under 18)

Date: _____

VOLUNTEER RELEASE FORM

LIABILITY RELEASE:

_____ (Vol. name) would like to volunteer in the Star Equestrian Center Therapeutic Riding program. I acknowledge the risks and the potential for injury associated with my participation in volunteer work. However, I feel that the possible benefits to myself/my son/my daughter/my ward as a volunteer are greater than the risk 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 Star Equestrian Center Therapeutic Riding Program, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any injury and all injuries and/or losses I/my son/my daughter/my ward may sustain while volunteering in Star Equestrian Center activities.

Applicant Signature

Parent/Guardian Signature (if under 18)

Date: _____

Media Release

I DO
 DO NOT

hereby consent to and authorize the use and reproduction by Star Community, Inc. and Star Equestrian Center of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Applicant Signature

Parent/Guardian Signature (if under 18)

Date: _____

Printed Name of Applicant: _____

Volunteer Authorization for Emergency Medical Treatment Form

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 the agency I authorize Star Equestrian Center 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.

Volunteer Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ **Phone:** _____

Emergency Contact: _____ **Phone:** _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

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 below is unable to be reached.

Date: _____ Consent Signature: _____

Parent, Volunteer or Guardian (if under 18)

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of being a volunteer or while being on the property of Star Equestrian Center. In the event emergency treatment/aid is required I wish the following procedures to take place.

Date: _____ Non-consent Signature: _____

Parent, Volunteer or Guardian

Print Name: _____ Phone: _____

Address: _____