

GRACE RIDES - Volunteer/Staff Information

Office use only: Name _____ Date: _____
Date Date Date
____SW _____HH _____Exercise Rider

PERSONAL INFORMATION:

First Name: _____ MI: _____ Last name: _____

Address(City/St/Zip): _____

Phone---Home: _____ Work: _____ Cell: _____ Text? Y/N

E-Mail: _____ Occupation/School: _____ Milit? Y/N

Date of Birth: _____ Last Tetanus Shot/Date: _____

Parent/Legal Guardian: _____ Phone: _____

Address(City/St/Zip): _____

Emerg.Contact: _____ Relationship: _____ Ph: _____

How did you hear about us? _____

Do you have horse experience? (check one) None__ Some__ Much__

Describe Your Experience: _____

Are you (or your providers) a past or present member of the military? Y/N

Are you able to walk for 60 minutes and jog short distances? Y/N

Volunteer Opportunities ----- Please check all that are of interest:

Program Volunteer

- Sidewalking
- Horse Handler/Leader
- Horse Groomer
- Horse Exerciser
- Stable/Facility Upkeep
- Tack Cleaning
- Repair/Carpentry
- Electrical/Plumbing
- Garden Management/Development

Administration

- Fundraising
- Website
- Volunteer Outreach
- Public Relations
- General Office
- Photography/Video
- Newsletter
- Hospitality
- Special Event/Hosting/Planning



GRACE RIDES, INC. 2061 Corbin Gainey Road, Defuniak Springs FL 32435

PATH INTL CENTER #78438 PH: 850-259-9195 EMAIL: SHERRY@GRACERIDES.COM

WEBSITE: [HTTP://WWW.GRACERIDES.NET](http://www.gracerides.net)

FL Dept Agric/Cons Svcs Reg # CH 29085

501c3 Fed ID #26-3084817

Volunteer Availability – Please check all that apply:

<u>Day Preference:</u>	<u>Time Preference</u>	<u>Day Preference:</u>	<u>Time Preference</u>
Monday	morning/afternoon	Friday	morning/afternoon
Tuesday	morning/afternoon	Saturday	morning/afternoon
Wednesday	morning/afternoon	Sunday	morning/afternoon

CONSENT & LIABILITY WAIVERS:

I have provided the information requested in this form accurately to the best of my knowledge. I know of no reason why I should not participate in the GRACE Rides Volunteer program.

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:

Signature: _____ Date: _____

PHOTO RELEASE (please check): I DO I DO NOT

Consent to and authorize the use and reproduction by the GRACE Rides program of any and all photographs and any other audio/visual materials taken of me (and any/all visitors I may bring to the facility, and will so advise them prior to entry) for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:



Signature: _____

Date: _____

Background Information:

Have you ever been convicted of a crime? Y / N

If yes, please describe: _____

I, _____ (volunteer), authorize GRACE Rides 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, pertaining to any convictions I may have had for violations of law, including but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize the GRACE Rides program, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Current DRIVER'S LICENSE NUMBER _____ STATE _____

Signature: _____

Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:

_____ Date: _____

Consent Plan and Agreement for Emergency Medical Treatment:

In the event emergency medical aid/treatment is required due to illness or injury while being on the property and/or premises of GRACE Rides, I authorize the GRACE Rides program to:

- 1) Secure and retain medical treatment and transportation as needed, at my expense, and
- 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 "life-saving" by the attending physician.

This provision will only be invoked if the person(s) below is/are unable to be reached after reasonable effort under circumstances existing at the time of need.

Signature: _____

Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:



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Date:_____

LIABILITY RELEASE:

As a volunteer at the GRACE Rides program, I acknowledge the inherent risks and potential for risks of a horseback riding program. However, I feel that the benefits to me and the clients of GRACE Rides with whom I work are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, WAIVE AND RELEASE forever all claims for damages against the GRACE Rides program, its Board of Directors, instructors, therapists, volunteers, employees, owners/leasers of horses on property upon which GRACE Rides operates, and owners/leasers of property upon which GRACE Rides operates, and agree to hold harmless and indemnify the aforesaid parties, for any and all liability or responsibility for any accident, damage, injury, illness and/or losses that I, and any family member, guest or spectator accompanying me as the undersigned, may sustain while on the property upon which GRACE Rides operates.

Signature:_____ Date:_____

Signature of Parent or Legal Guardian if participant is under age 18:

Date:_____

Code of Conduct: GRACE Rides personnel (volunteer and staff), are responsible for maintaining and promoting ethical practices to respect the dignity and well being of all animals and individuals. Any person will be asked to leave based upon irresponsible behavior, indecent mannerisms, profanity, or anti-social statements or actions. Safety procedures must be followed at all times. Mistreatment or abuse of persons, horses or other animals, use of alcohol and/or illegal drugs, use of fireworks, and use of tobacco (smoked or chewed), on the premises is strictly prohibited. Any incidence of behavior or activity in violation of these policies must be reported to the Executive Director immediately.

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE GENERAL RULES AND SAFETY PRECAUTIONS FOR VOLUNTEERS.

Signature:_____ Date:_____

Signature of Parent or Legal Guardian if participant is under age 18:

Date:_____



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Confidentiality Agreement:

I understand that all information (written and verbal, including without limitation any medical, social, referral, personal and/or financial information) that may be disclosed as a result of participation at GRACE Rides, with regard to any rider(s), participant(s), volunteer(s), and their family(s), is confidential and will not be shared with anyone not associated with GRACE Rides without expressed written consent of the rider, participant, volunteer and his/her parent/guardian in the case of a minor. Discussions involving any rider, participant, volunteer and their family shall be limited to progress reports, goals, and appropriate riding and handling techniques. Volunteers will be given information concerning students/participants on a "need to know" basis. Negative representation of the program in the community and/or failure to adhere to GRACE Rides confidentiality policy may result in termination from the program, and other corrective actions may be taken. Any person making negative representation(s) of the program and/or disclosing confidential information to others outside of the program agrees to completely indemnify GRACE Rides against all damage, loss, injury, and legal and other costs incurred as a result of such representation(s) and/or disclosure(s).

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:
_____ Date: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

Check one: Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Co: _____ Policy#: _____

Allergies to medications: _____

Current medications: _____

In event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____



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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 the program, I authorize GRACE Rides 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.

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:
_____ Date: _____

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 receiving services or while being on the property of the GRACE Rides program. In the event emergency treatment/aid is required, I desire the following procedures to take place: _____

Signature: _____ Date: _____

Signature of Parent or Legal Guardian if participant is under age 18:
_____ Date: _____

"I CAN DO ALL THINGS THROUGH CHRIST WHO STRENGTHENS ME." Phillipians 4:13



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