

# Hope Ranch Therapeutic Riding Center, Inc.

3841 W. 69<sup>th</sup> Ave Manhattan, KS 66503 (785) 587-8180  
A Non-Profit Corporation (501c3) Tax ID # 20-4837483



Date Entered \_\_\_\_\_  
Training Date \_\_\_\_\_  
Member Id Number

## Volunteer Application

### *Volunteer Information*

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

(Last Name)

(First Name)

(Middle Initial)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you have experience with horses? No/Yes

If yes, please describe:

\_\_\_\_\_

Have you had any training or experience working with people with disabilities? No/Yes

If yes, please describe:

\_\_\_\_\_

Do you have any physical limitations that should be considered when you volunteer?

No/Yes

If yes, please describe:

\_\_\_\_\_

Can you walk for 45 minutes and jog short distances? No/Yes

Can you hold your arm above shoulder height and support a modest amount of weight? No/Yes

How did you hear about HRTRC?

\_\_\_\_\_

Why do you wish to volunteer?

\_\_\_\_\_

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## ***Volunteer Interests***

Horse Leader                  Side Walker                  Stable Assistant

Committee Member (interests) \_\_\_\_\_

Administrative Support (interests) \_\_\_\_\_

## ***Volunteer Questionnaire***

Are you currently using any drugs? No/Yes

If yes, please explain:

\_\_\_\_\_

Have you ever been convicted of a criminal offense? No/Yes

If yes, please explain:

\_\_\_\_\_

Have you ever been charged with neglect, abuse or assault? No/Yes

If yes, please explain:

\_\_\_\_\_

Has your driver's license ever been suspended or revoked in any state? No/Yes

If yes, please explain:

\_\_\_\_\_

Have you ever had a background check/investigation? No/Yes

If yes, by whom: \_\_\_\_\_ and what date: \_\_\_\_\_

## ***References***

Please list two character references (non-family).

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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### ***Please list present/previous volunteer affiliations.***

Agency/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### ***Emergency Information***

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

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

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Describe any medical condition requiring special precautions or treatment and any medications and dosages: \_\_\_\_\_

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

### ***Underage Volunteer***

*(Complete this section if the volunteer is 17 years old or younger.)*

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### ***Photo Release***

- I DO
- I DO NOT

Consent to and authorize the use and reproduction by Hope Ranch Therapeutic Riding Center, Inc. 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.

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### ***Affirmation***

I understand that:

- 1) I authorize Hope Ranch Therapeutic Riding Center, Inc. to contact the listed references.
- 2) In the course of volunteering for HRTRC, I may be dealing with confidential information about HRTRC rider's medical information and I agree to keep said information in the strictest confidence.
- 3) The relationship between HRTRC and volunteers is an "at will" arrangement and it may be terminated at any time without cause by either the volunteer or HRTRC.
- 4) I grant HRTRC permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of HRTRC.
- 5) I am responsible for informing HRTRC of ALL changes regarding information contained in this application.
- 6) In case of medical emergency, the undersigned authorizes HRTRC to provide such medical assistance as they determine necessary.

I affirm that I have read and understand this application and that the information given is true and complete. I also understand that in the event false information is provided, I may be terminated from my volunteer position.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer or Parent/Guardian if the volunteer is 17 years old or younger.)

### ***Liability Information***

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

**Hope Ranch Therapeutic Riding Center, Inc. (HRTRC), its Officers,** employees and agents will not be responsible for any damages to person, animal or property at the HRTRC riding center or its grounds. Nor will they be responsible for any property that is lost or destroyed. The undersigned volunteer/rider/parent/guardian hereby releases HRTRC, its officers, employees from damages, injuries, claims and damages whatsoever (including costs, expenses and attorney fees) that might result from damages, injuries or losses to person or property during, or in connection with, or arising out of any show, clinic, event or function whether or not such damages, injuries or losses result in direct or indirectly the negligent act or omission of such released parties. **WARNING: UNDER KANSAS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES.** In exchange for the use of property leased by HRTRC and other valuable consideration, I agree that my use of the premises and any animals, facilities or equipment owned or leased by HRTRC is at my own risk. I further agree to indemnify and hold harmless HRTRC their respective officers, employees and agents from any and all suites, actions or claims of any type arising from my use of premises or participation in the equine activity of such use by my guest, whether or not such claims result directly or indirectly from the negligent act or omissions of the indemnified parties or otherwise. I acknowledge that riding and involvement with horses is a high-risk activity. I have read this agreement and fully understand its consent.

Sign \_\_\_\_\_ Date \_\_\_\_\_  
(Adult volunteer/rider or Parent/Guardian of minor)