

Manes & Motions Therapeutic Riding Center, Inc. Volunteer Application

It is our policy to comply with all applicable state and federal laws prohibiting discrimination based on race, age, color, sex, religion, national origin, disability, sexual orientation or other protected classification.

Name: _____ Date: _____ Email: _____

Address: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

In an emergency, contact:

Name	Address	Relationship	Phone

Employer/School: _____

Address: _____

Have you ever been convicted of a crime: _____ (conviction will not necessarily disqualify applicant for volunteering)

Are you 14 years of age or older: _____

If under the age of 18 years please list: Parent/Legal Guardian/Caregiver Name/Address/Phone Number:

How did you learn about the program? _____

Do you have any prior horse experience? Please explain: _____

Check which areas you are interested in:

Program

- ☐ Horse Handling
- ☐ Sidewalking with a Student
- ☐ Stable Management

Special Events

- ☐ Horse Show
- ☐ Fundraising
- ☐ Trail Rides

Other

- ☐ Photography/Video
- ☐ Volunteer Recruitment
- ☐ Newsletter

Availability and Assignment Request

Please list times you are available to volunteer:

Times available: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Schedule Preference (Include day of week and time period):

First choice: _____ From: _____ to _____
Second choice: _____ From: _____ to _____

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If volunteer is under 18 years of age)

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LIABILITY RELEASE: I acknowledge the risks and potential risks of horseback riding and working with horses. However, I feel that the possible benefits to myself are greater than the risks 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 Manes & Motions Therapeutic Riding Center, Inc., and its parent organization and affiliates (including HSC Community Services, Inc.), and their respective agents, servants, employees, physicians, officers, directors and consultants and Robert Daniels, Carolyn Daniels, and Jim Dykas (together, the "released parties") for any and all injuries and/or losses I may sustain while participating as a Manes & Motions Therapeutic Riding Center, Inc. volunteer/staff or while otherwise on the property at 874 Millbrook Rd. Middletown, CT, (ii) covenant not to sue or bring any claims against any of the released parties for any such losses or damages and (iii) agree to pay any expenses incurred by any of the released parties, including reasonable attorney's fees, in defending any such claim or lawsuit.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If volunteer is under 18 years of age)

CONFIDENTIALITY STATEMENT: I understand that all information (written and verbal), including participant information, business and financial information of Manes & Motions Therapeutic Riding Center, Inc. ("Manes & Motions") is confidential and will not be shared. I acknowledge that I shall have access to only those records that I need in order to perform the duties assigned to me in my specific role at Manes & Motions and I agree to refrain from handling or copying any records that do not pertain to my responsibilities and obligations at Manes & Motions. I further understand and agree that I will be suspended or discharged from my position at Manes & Motions if I am found to be in violation of this Confidentiality Statement. Upon completion of my duties at Manes & Motions I agree to keep confidential all information to which I had access during my association with Manes & Motions.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If volunteer is under 18 years of age)

PHOTO RELEASE:

- ☐ DO
☐ DO NOT

Consent to and authorize the use and reproduction by Manes & Motions Therapeutic Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me, and/or my name, for promotional material, educational activities, and exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If volunteer is under 18 years of age)

Applicant's Statement & Authorization for Release of Information

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am accepted into the Volunteer Services program, false statements may result in my dismissal. I understand that volunteer service at Manes & Motions is "at will," which means that either I or Manes & Motions can terminate the volunteer service relationship at any time, with or without prior notice, and for any reason not prohibited by statute. I understand that as a volunteer at Manes & Motions I do not receive any form of compensation for the time I spend functioning in the capacity of a volunteer. I hereby give Manes & Motions permission to request and obtain data pertinent to volunteering at Manes & Motions from the references I've supplied. I release from all liability or responsibility all persons and institutions supplying information. I authorize Manes & Motions to make an investigation of any of the facts set forth in this application.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(If volunteer is under 18 years of age)