



VOLUNTEER APPLICATION

- Attended Arena Training _____(date)
- Input into Volunteer Database
- Input into Constant Contact
- Team information input
- Orientation _____(date)
- Signatures Verified
- Background Check _____(date)
- CS

VOLUNTEER CODE OF ETHICS

Statement of Intent

The purpose of the Hearts & Horses Code of Ethics is to provide volunteers with an ethical and responsible framework from which to serve.

Volunteers at Hearts & Horses have a purpose to being invested in maintaining an ethical organization. This includes all aspects of the organization, including the services, organizational structure, and all communication among the volunteers, staff, clients, the public and the board.

As a Volunteer, I Will:

1. Listen carefully to Hearts & Horses staff members.
2. Respect my fellow volunteers.
3. Respect and support the decisions of staff and board members in regard to the success of the program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and Hearts & Horses policies.
5. Participate actively in volunteer trainings and assist other volunteers as they join Hearts & Horses.
6. Bring to the attention of the Volunteer Coordinator or Executive Director any issues that I believe will have an adverse effect on the organization or those we serve.
7. Help curtail any negative conversations or rumor related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the organization and do my best to ensure that it is well maintained – keeping safety and quality in mind.
10. Always strive to learn how to be a more effective volunteer.

As a Volunteer, I will not:

1. Criticize fellow volunteers and staff members or their opinions.
2. Use the organization for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. This responsibility may include direct one-on-one communication with the person involved in discussion privately; at a larger meeting; or speaking to a staff member. *Where repeated attempts have been made to rectify a volunteer's non-compliance with the Code of Ethics, or where severe violation of the Code of Ethics has occurred, prompt action will be taken to remove or suspend the individual.*

As a Hearts & Horses volunteer, I agree to adhere to and to be responsible for maintaining the above Code of Ethics.

Printed Name of Volunteer

Date

Signature of Volunteer



163 N. County Rd. 29
 P.O. Box 2675 Loveland, CO 80539
 Phone: 970-663-4200 Fax: 970-663-3891
 info@heartsandhorses.org
 www.heartsandhorses.org



RELEASE OF LIABILITY

Name of participant _____

Phone _____ Email _____

WARNING

Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.

RELEASE AND INDEMNIFICATION

I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. I **hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, Hearts and Horses, Inc. and its agents, officers, directors, members, representatives, instructors, volunteers, coordinators, therapists, independent contractors, insurers, and employees (collectively the "Released Parties"), from, **and hereby waive**, all claims of whatsoever kind that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any negligent acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

It is intended that this Release and Indemnification shall release the Released Parties from, and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law. In the event for any reason a Court determines that any portion of this Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

I acknowledge that by signing this document I am waiving important legal rights. I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

Signature _____
Signature of adult participant or parent/guardian/caregiver of minor participant

Date _____

VOLUNTEER CONFIDENTIALITY AGREEMENT

This form is for: _____
Print Volunteer's Name

I understand that all information (written and verbal) regarding participants at this NARHA center is confidential and will not be shared with anyone without the express written consent of the participants and, in the case of a minor, their parent/guardian.

Signature _____ Date _____
(Volunteer)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain _____

I authorize Hearts & Horses to receive information from any law enforcement agency, including police department and sheriff's departments, of the state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations or state or federal criminal laws, 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 Hearts & Horses Therapeutic Riding Center, it's directors, offices, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Signature _____ Date _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

PHOTO & VIDEO RELEASE

Name of Volunteer _____

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Hearts and Horses, Inc. permission to take, or have taken, still and moving photographs and films including television pictures of the above named Participant, and consents and authorizes Hearts and Horses, Inc., its advertising agencies, news media, and any other persons interested in Hearts and Horses, Inc. and its programs, to use and reproduce the photographs, films, videos and pictures, and to circulate and publicize the same by any means deemed appropriate by Hearts & Horses, Inc., including, without limitation the generality of the foregoing: newspapers, web sites, social media, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of Hearts and Horses, Inc. to use, or cause to be used, such photographs, films, videos and pictures for the primary purpose of promoting and aiding Hearts and Horses, Inc. and the field of equine assisted activities and therapies.

I give consent _____ Date _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

I **do not** give consent _____ Date _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Name _____ DOB _____ Phone _____

Address _____ City _____ Zip _____

Physician's Name _____ Medical Facility _____

Health Insurance Company _____ Policy#: _____

Allergies to medications or foods _____

Current medications _____

IN THE EVENT OF AN EMERGENCY, CONTACT:

Name _____ Relation _____ Phone #1 _____ #2 _____

Name _____ Relation _____ Phone #1 _____ #2 _____

Name _____ Relation _____ Phone #1 _____ #2 _____

Do you have any restrictions, precautions or anything we need to know about your recent health history?

Medications:

Surgery:

Injuries:

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 Hearts and Horses, Inc. 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-rays, 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.

Consent Signature _____ Date _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

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 agency. In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Non-Consent Signature _____ Date _____
Signature of volunteer, parent or guardian (if volunteer is a minor)

VOLUNTEER DIRECTORY CONTACT INFORMATION

Print Name _____ Email _____

Contact Phone(s) _____ Work Phone _____

Substitution Availabilities: Day _____ Time _____

Day _____ Time _____

Day _____ Time _____

*with advanced notice I may be able to help out on the above days

CONSENT

I give permission to fellow Hearts & Horses volunteers to contact me in the event that he/she has a conflict with his/her scheduled shift. I understand that it is optional for me to cover or switch shifts with another volunteer if contacted.

By consenting to be a part of the Hearts & Horses Therapeutic Riding Center Volunteer Directory, you will receive a copy as well. This way if you are unable to make a scheduled shift, you can refer to the directory and have your shift switched or covered by another volunteer.

CONSENT Signature _____ Date _____

Print Name and Relationship _____