



**FREEDOM HOOVES**  
**THERAPEUTIC RIDING**  
C E N T E R

**Freedom Hooves Therapeutic Riding Center**  
**P.O Box 782622, Wichita, KS, 67278**  
**Phone: 316-733-8943**

**General Information**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***Please give an email address that you check frequently. Email is a convenient and inexpensive way for us to contact you. We would like to use it to alert you of cancelations, session information and program events.***

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

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

**Text notifications for classes' canceled, or important information**

Current Driver's License:  yes  no License Number: \_\_\_\_\_ State \_\_\_\_\_

*(Complete this section if the volunteer is under 18 years old.)*

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

Employer/Occupation: \_\_\_\_\_

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

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

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

How did you hear about FHTRC? \_\_\_\_\_

Have you participated at another Therapeutic Riding Facility?  No  Yes; Facility \_\_\_\_\_

Reason for Volunteering: \_\_\_\_\_

Horse Experience?  No  Yes

If Yes, please describe: \_\_\_\_\_

Experience with individuals with disabilities?  No  Yes

If Yes, please describe: \_\_\_\_\_

Can you walk for 30 minutes, and jog short distances?  No  Yes

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

Do you have any medical conditions, injuries, disorders that may impact your ability to manage the physical and/or emotional demands of working in equine assisted activities? Your responsibilities may include following directions, working independently, working in hot/cold/humid conditions, walking for extended periods of time over uneven ground, jogging short distances, communicating with others, working with clients who may have mild to severe mental and/or physical challenges, and working with large animals.

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

## **Background Information**

Have you ever been charged with or convicted of a crime?  Yes  No If Yes, Please explain:

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

I, \_\_\_\_\_ (name) authorize **Freedom Hooves Therapeutic Riding Center** 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, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of 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/staff, and that I expressly **DO NOT** authorize the PATH center, its director, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **Photo Release**

I do

I do not

Consent to and authorize the use and reproduction by Freedom Hooves Therapeutic Riding Center (PATH center) of and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Confidentiality Agreement:**

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with shots/tests)

Recent Medical tests: Last tetanus Shot: \_\_\_\_\_ Tuberculosis Test + - Date \_\_\_\_\_

## **Health History**

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalization or surgeries, or lifestyle changes.

**Allergies:** \_\_\_\_\_

\_\_\_\_\_

## **Medications:**

\_\_\_\_\_

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/Legal Guardian: (if minor) \_\_\_\_\_

Authorization for Emergency Medical Treatment for Volunteers

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

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

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize the staff of Freedom Hooves Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Please indicate any allergies: \_\_\_\_\_

I am taking the current medications: \_\_\_\_\_

I have the following ongoing medical condition(s): \_\_\_\_\_

**Consent**

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.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Non-Consent**

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 Fling Hills Therapeutic Riding Center. In the event emergency treatment/aid is required, I will the following procedures to take place: Please write detail on back & be specific.

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AREAS OF INTERESTS

Please check the areas of interest or knowledge so that we can utilize your expertise in the best possible way at Freedom Hooves Therapeutic Riding Center.

- **Lesson Program Volunteer**
    - Sidewalker with riders
    - Leader (*Horse experience preferred, additional training required*)
  - **Equine Program Volunteer**
    - Grooming, cleaning stalls, etc.
  - **Facility Volunteer**
    - Equipment Repair
    - Carpentry
  - **Office Volunteer**
    - Reception
    - General Office Support
  - **Special Event Volunteers**
    - Serve on a Special Event Committee (Fundraising, etc.)
    - Provide assistance day of event
  - **House Keeping**
    - Assist in keeping office area clean and tidy
  - **Special Skill Volunteer** – If you have skills, technical or professional experience that may be beneficial to FHTRC we encourage you to share them with us!
- 

**Availability** – *Your volunteer schedule will be arranged after your volunteer orientation. Volunteers are encouraged to serve a minimum of 45 minutes a week.*

*FHTRC runs in 8 week sessions. Volunteers are asked to commit to the same day and same time for the duration of the session to develop a “team” for each rider.*

	7-9AM	9AM-11AM	11AM-2PM	2PM-4PM	4-6PM
Monday					
Tuesday					
Wednesday					
Thursday					

In addition to your scheduled day and time, would you like to be on the Volunteer Substitute list? \_\_\_\_\_

What is the best way to contact you for filling a substitute spot?

- Home Phone    Cell Phone    Work Phone    Email    Text Message

## A CODE OF ETHICS FOR VOLUNTEERS

I, \_\_\_\_\_ as a volunteer, I realize that I am subject to a code of ethics similar to which binds professionals in the field in which I serve. Like the professionals with who I serve, I assume certain responsibilities and expect to account for what I do in terms of what I am expected to do:

1. I will keep confidential matters confidential.
2. I interpret "Volunteer" to mean that I have agreed to serve without compensation in money from the volunteer station, but have been accepted as a worker, I expect to do my service according to standards, as the paid staff are expected to do their work.
3. I promise to take my service and attitude of open mindedness, to be willing to be trained for it, to bring to it interest and attention.
4. I realize that I may have assets that my co-workers may not have and that I shall use these to enrich the project at which we are working together.
5. I realize also that I may lack assets that my co-workers have, but I will not let this make me feel inadequate but will endeavor to assist in developing good teamwork.
6. I plan to find out how I can best serve the activity for which I have volunteered and to offer as much as I am sure I can give.
7. I realize that I must live up to my promise and, therefore, will be careful that my agreement is so simple and clear that it cannot be misunderstood.
8. I realize that my attitude toward volunteer service should be professional. I believe that I have an obligation to my service, to those for whom it is done, and to the public.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Liability Release

As a volunteer/staff/student/board member at Freedom Hooves Therapeutic Riding Center I acknowledge the risks of a horseback riding program. However, I feel the possible benefits to myself and the participants I work with 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 Freedom Hooves Therapeutic Riding Center. Its' Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in Freedom Hooves Therapeutic Riding Center program.

**WARNING:**

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participant in this domestic animal activity.

If volunteer is under 18 years of age, Parent/guardian must sign.

Name: (Please Print Clearly) \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian – if minor or legal guardian

**RELEASE OF LIABILITY**  
**D&J Ranch**

KNOWING THAT RISK IS ALWAYS ATTACHED TO HORSEBACK RIDING AND IN CONSIDERATION OF THE SERVICES RECEIVED AND BEING DESIROUS OF RECEIVING INSTRUCTION ON THE RIDING OF HORSES BY \_\_\_\_\_ (INSTRUCTOR). I \_\_\_\_\_ (PARENT/GUARDIAN) OF \_\_\_\_\_

I DO HEREBY RELEASE AND DISCHARGE SAID INSTRUCTOR & THE D & J RANCH (DANE AND JENNIFER WADLEY) OF ANY AND ALL LIABILITY ARISING FROM THE RIDING AND/OR HANDLING OF HORSES UPON THE PREMISES KNOWN AS THE D & J RANCH, INCLUDING BUT NOT LIMITED TO LESSONS AND/OR DEFECTS IN RIDING EQUIPMENT (I.E. SADDLES, BRIDLES, ETC...).

I ACKNOWLEDGE THAT I HAVE EXAMINED THE RIDING EQUIPMENT AND FIND IT TO BE IN GOOD WORKING ORDER.

I AGREE TO HOLD SAID INSTRUCTOR & THE D & J RANCH HARMLESS FROM ANY AND ALL CLAIMS AND LIABILITY THAT MAY BE MADE BY MYSELF OR ANYONE ON MY BEHALF INCLUDING COSTS AND REASONABLE ATTORNEY FEES.

THIS RELEASE IS BINDING UPON MY HEIRS AND ASSIGNS. \_\_\_\_\_

DATE \_\_/\_\_/\_\_\_\_