



Jackson Hole Therapeutic Riding Association VOLUNTEER APPLICATION



Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Cell: _____

Email: _____ How many years have you been a volunteer for JHTRA? _____

What is the best way for us to get in touch with you? _____ Do you receive & check your email? YES NO

Parent/Guardian (if applicable, under 18 years of age): _____

Phone Number for Parent/Guardian (if applicable, under 18 years of age): _____

How did you learn about JHTRA? _____ Employer/School _____

Have you been trained as a Side Walker or Horse Leader in the past by JHTRA? If so, which one(s)? _____

May we add you to our volunteer email substitute list? (circle one) Yes No

Mark your interests as a volunteer:

- Administration (assist with mailings, publications, and office work)
- Facility Maintenance (muck stalls, carpentry work, and help with outdoor jobs)
- Lesson Horse-leader (provide warm-up for the horse prior to the lesson and lead during the lesson)
- Lesson Side-Walker (assist the rider during the lesson as a spotter)
- Special Events (help with horse shows, fundraisers, or other local events)
- Other: _____

Do you possess any **special skills** that would benefit JHTRA? Ex. Farrier, photographer, fundraiser, computer expert? Do you have horse experience? Have you worked with people with disabilities before?

Are there any physical or medical issues that may impede your volunteering skills for JHTRA or that we should be aware of? Examples may include allergies, a knee replacement that restricts your ability to run along with a trotting horse, or a sore shoulder than inhibits your range of motion. By sharing this information, you allow the Volunteer Coordinator to place you in a class that suits your needs and the safety needs of the rider.

Volunteer & Staff Confidentiality Statement

Volunteers/Staff are a valuable part of the Jackson Hole Therapeutic Riding Association (JHTRA). This document confirms that I am recognized as a volunteer or staff member of JHTRA which exists to provide quality recreation and therapy services, in a safe environment. This document is in compliance with the provisions of RSA 508.12, the volunteer immunity law.

As a volunteer or staff member of JHTRA, I have completed available and appropriate training. I understand and agree that in the performance of my duties as a volunteer or staff member, I must hold personal and medical information regarding riders/families confidential. I understand that all information (written and verbal) about participants at JHTRA is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____

(If under 18yrs old, parent or legal guardian must sign)

Jackson Hole Therapeutic Riding Association | a PATH International Premier Accredited Center

PO Box 415 • Teton Village, WY 83025 • 307-733-1374 • www.JHTRA.org

JHTRA is a 501(c)(3) nonprofit organization whose mission is to “promote healing with horses through equine assisted therapeutic and educational activities for people of all ages with disabilities, regardless of economic status.”



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Authorization for Emergency Medical Treatment

I, _____ ("Volunteer or staff name"), am over 18 years of age and fully competent to sign this Emergency Medical Treatment Form, which I have read and understand. If under age, "Volunteer/Staff" has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form.

I DO

give my consent and authorization in the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency. In case of medical emergency or necessity, JHTRA is authorized to seek or provide for "Volunteer" such medical assistance as may be necessary, "Volunteer" further authorizes JHTRA to secure and retain medical treatment and transportation if needed, to seek the assistance of any physician or medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of "Volunteer".

I DO NOT

give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of JHTRA. In the event emergency treatment/aid is required, I wish the following procedure to take place:

"Volunteer or Staff" understands that NO LIABILITY can be accepted by any of the organizations concerned, including JHTRA, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions should remain in full force and effect.

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Allergies to medications: _____

Current medications: _____

Signature: _____ Date: _____

(If under 18yrs old, parent or legal guardian must sign)

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain: _____

I, _____ (name), authorize JHTRA 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 or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. Center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

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Volunteer & Staff Liability Release

As a volunteer/staff member for JHTRA, I acknowledge the risks and potential for risks of a horseback riding program. However, I believe that possible benefits to the clients I work with and 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 JHTRA, its board of directors, executive director, instructors, therapists, volunteers and/or employee for any and all injuries and/or losses I may sustain while participating with JHTRA.

Under Wyoming 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 W.S 1-1-126.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTRA & PATH Intl. Photograph and Film Release

Consent to and authorize the use and reproduction by JHTRA 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.

- I DO
- I DO NOT

Signature of Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

Signature of Non-Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTRA Facebook Photograph and Film Release

Consent to and authorize the use and reproduction by JHTRA of any and all photographs and any other audio/visual materials taken of me for Facebook.

- I DO
- I DO NOT

Signature of Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

Signature of Non-Consent: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

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Volunteer/Staff Code of Conduct

By signing this agreement, I, _____, agree to the following:
(Please print volunteer/staff name)

- I understand that the goal of volunteering is to engage and educate the public, and my attitudes and actions should always further that goal.
- I agree to work my entire volunteer shift or working shift as scheduled, to conduct myself in an appropriate manner, to dress in attire that follows the volunteer/staff dress code, to follow safety procedures, and to be prepared for my shift.
- I understand that if I cannot make a volunteer shift/work shift (or any part of a shift), it is important to notify the Volunteer Coordinator ahead of time by calling the office at 307-733-1374.
- During my scheduled volunteer shift/work shift, I agree to follow directions given by staff, and understand that while I am at the riding center my focus should be on the client/horse/duties assigned to me.
- I understand that I am responsible for reviewing all materials given to me at orientation and trainings.
- I know that I represent JHTRA, and I promise not to engage in any activity that may cause harm to the organization, others or me.
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- I understand that failing to observe the above pledges will result in further action and can result in my dismissal from the volunteer program or staff.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

We are trying to reduce our environmental impact by going paperless. This will also help us save money that will go directly back into the program for our riders. However, we are also happy to accommodate our volunteers who do not prefer email.

Are you alright with receiving the volunteer manual by email (Circle One). Yes No

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