



PATH
INTERNATIONAL

Professional Association of Therapeutic
Horsemanship International



Free S.P.I.R.I.T. Riders, Inc.
Special People in Riding Therapy

Volunteer Registration

GENERAL INFORMATION

Name _____ Date of Birth: _____ Date: _____

New OR Returning Volunteer? (circle) List Year Started with FSR: _____ Height: _____

Address _____ Primary Phone: _____

City, State, Zip _____ Second Phone: _____

E-mail _____ Preferred Method of Contact: _____

Name of Spouse: _____ Spouse Phone: _____

Employer: _____ Employer Phone _____

IF UNDER AGE 18, COMPLETE THE FOLLOWING:

Name of Parent/Guardian: _____

Address: _____ Primary Phone: _____

City, State, Zip: _____ Second Phone: _____

Name of School: _____

Parent/Guardian's Employer: _____ Employer Phone: _____

EMERGENCY CONTACT

PRIMARY

Name _____ Primary Phone _____

Relationship _____ Second Phone _____

SECOND

Name _____ Primary Phone _____

Relationship _____ Second Phone _____

HOW DID YOU LEARN ABOUT VOLUNTEERING WITH FSR? (Circle/Indicate all applicable)

Rider/Relative of Rider: _____ Current Volunteer: _____

Agency/Business: _____ Newspaper Facebook Friend/Relative Other: _____

PLEASE INDICATE YOUR VOLUNTEER INTERESTS AND EXPERIENCES BELOW:

	Interest	Experience
Side Walking	()	()
Horse Handling	()	()
Barn Chores	()	()
Unload Hay	()	()
Cleaning Pastures	()	()
Facility Maintenance	()	()
Tack Cleaning	()	()
Socializing with Families and Siblings of Riders	()	()
Supervising Playtime in Family Room and/or Outside	()	()
Administrative Assistance in Office	()	()
Gardening	()	()
Web Design/Updating	()	()
Event Planning	()	()
Fundraising Activities	()	()
Photography/Video	()	()

Other interest or experience not listed above: _____

While previous experience with horses is not required for volunteers, if you do have experience, please tell us about your experience: _____

Do you have experience working with individuals with disabilities? If yes, please describe your experience: _____

Please describe why you are interested in joining the Volunteer Team at FSR: _____

Health History:

Recent Medical Tests (required):

Tetanus Shot (most recent) Date: _____ TB Skin Test: + OR - Date of Result: _____
(Consult your physician or local health department if you are not up to date with these shots or tests.)

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations 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 the Free S.P.I.R.I.T. Riders, Inc. program.

Signature: _____ Date: _____

Background Information:

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

I, _____ (volunteer/staff), authorize Free S.P.I.R.I.T. Riders, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, 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 that I expressly DO NOT authorize the Free S.P.I.R.I.T. Riders, Inc. 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: _____

(Volunteer/Staff)

CURRENT DRIVER'S LICENSE: Yes No LICENSE NUMBER _____
STATE _____



Free S.P.I.R.I.T. Riders, Inc.

Special People in Riding Therapy

LIABILITY, PHOTO, & MEDICAL CONSENT RELEASE NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS, AND STAFF. PARENT/GUARDIAN SIGNATURE FOR ANY PARTICIPANT UNDER AGE OF 18

LIABILITY RELEASE

I/ my child/ my ward would like to participate in the Free S.P.I.R.I.T. Riders, Inc. (FSR) Program as a rider, volunteer, or staff person. I acknowledge the risk and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits 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 Free S.P.I.R.I.T. Riders, Inc., its Board of Directors, instructors, therapists, aides, volunteers, horse owners and/or employees and Free S.P.I.R.I.T. Riders, Inc. as stable and property owners for any and all injuries and/or losses that I/ my child/ my ward may sustain while traveling to or from, or participating in any FSR activities.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

Wisconsin State Statutes Sec. 95.481

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statutes.

PHOTO RELEASE

I DO DO NOT consent to and authorize the use and reproduction by Free S.P.I.R.I.T. Riders, Inc., of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Signature: _____ Date: _____

Parent or Guardian: _____ Date: _____

MEDICAL TREATMENT CONSENT PLAN

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or any other use for benefit of the agency.

I authorize Free S.P.I.R.I.T. Riders, 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.

This authorization includes X-ray, 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 _____

MEDICAL TREATMENT 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.

____ Parent or legal guardian will remain on site at all times during equine assisted activities.

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

Non Consent Signature _____ Date _____



NEEDS TO BE COMPLETED FOR ALL RIDERS, VOLUNTEERS, AND STAFF

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the Free S.P.I.R.I.T. Riders, Inc. (FSR) Mission Statement, I acknowledge the expectations required of all FSR volunteers and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from FSR.

- Safety is the top priority whether grooming and/or tacking the horses, side walking, or handling the horses during or outside of class time.
- Listen to and obey the instructor.
- Follow the posted barn rules which include, but are not limited to:
 - No smoking.
 - No running or yelling.
 - No "horse play".
 - No hand feeding the horses.
- Follow Dress Code for personal safety and professionalism.
- Be courteous and work as a team member. This includes:
 - Speaking positively about FSR personnel, volunteers, and participants.
 - Understanding the role of Side Walker vs. Horse Handler.
 - Asking questions when not fully understanding what is needed.
 - Arriving in punctual manner.
 - Contacting an appropriate substitute when a conflict arises that would cause unavailability.

Signature _____ Date _____

Volunteer and Staff Confidentiality Statement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the riders, their families, and to each other.

I am fully aware Free S.P.I.R.I.T. Riders, Inc. serves children and adults who are challenged with various disabilities, including but not limited to, mental and physical disabilities, mental illness, dependency issues, depression, anxiety and more.

Information about a participant's condition, care treatment, personal affairs and records is confidential. Such may not be discussed with anyone including physicians, therapists, employees, or volunteers who are responsible for the participant's care, unless the participant, their parent or guardian has authorized release of information, or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

Signature _____ Date _____

Honesty Acknowledgment Statement

I understand that this is an application for, and not a commitment of promise, of a volunteer opportunity. I certify that I have, and will provide information, throughout the selection process, on this volunteer application and in an interview with Free S.P.I.R.I.T. Riders, Inc., personnel that are true, correct, and complete to the best of my knowledge. I certify that I will answer all questions to the best of my ability and that I have not, and will not, withhold any information that will unfavorably affect my application for a volunteer position. I understand that misrepresentations or omissions may be cause for immediate rejection of my application for a volunteer position with Free S.P.I.R.I.T. Riders, Inc., or termination as a volunteer.

Signature _____ Date _____