



Dear Volunteer-

The HORSES HELPING HEROES PROJECT thanks you for your interest in giving of your time and talents to help us provide equine-assisted activities to the veteran population in the Hampton Roads area. Without the dedication of individuals such as you we would not be able to fulfill our mission.

We have a variety of volunteer opportunities available, some of which require prior experience with horses but many that do not. Some positions also require onsite participation. If you are looking to give of your time and talents without being onsite, there are a number of opportunities listed on the “Volunteer Registration and Information” form that can be performed from home. (Please note, you must be at least 14 years of age to volunteer.)

Our goal is to make this an enjoyable and enriching experience not only for our veteran participants but also our entire volunteer population.

The following forms must be completed and signed by every volunteer. If you will be performing your service onsite, you must also attend a Volunteer Training Session (see the Calendar page of our website for dates – www.horseshelpingheroesproject.com). If you will be providing those valuable “behind the scene” services, please mail us the completed forms. Forms that must be completed include:

Volunteer Registration and Information
Confidentiality Policy and Agreement
Authorization for Emergency Medical Treatment
Consent/Non-Consent for Media Release
Release, Waiver & Indemnity Agreement (required for onsite work only)

We at The HORSES HELPING HEROES PROJECT again thank you for your time. We look forward to working with you.

The Staff (and horses) at The HORSES HELPING HEROES PROJECT

1807 S. Church Street, Suite 108, PMB 143, Smithfield, VA 23430

VOLUNTEER REGISTRATION AND INFORMATION

General information

Name: _____ Age: _____ DOB: _____

Address: _____

Work address: _____

Home phone: _____ Work phone: _____

County of residence: _____ Cell phone: _____

Email address: _____

School/Employer: _____ Occupation: _____

Parent/Legal Guardian (if under 18): _____

Address (if different): _____

Home phone: _____ Alternate phone: _____

Email address: _____

How did you learn about the program? _____

Check which areas you are interested in and **circle** those you have experience in:

- Leading a horse Providing/serving lunch Public relation Photography/Video
- Side walking with a participant Fund raising Budget and finance
- Stable management Newsletter/web site Future planning Facility repair
- Coordinating volunteers Volunteer recruitment

Health information

Last tetanus shot: _____ Tuberculosis test (PPD) + or - Date: _____

Allergies: _____

Medications: _____

Special needs: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Volunteer activities may include walking for extended periods of time, jogging short distances, working in hot/humid/cold conditions; therefore please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Background Information

Have you ever been charged or convicted of a crime? Yes_____ No_____

If yes, please explain: _____

I, _____, authorize The HORSES HELPING HEROES Project to receive information from any law enforcement agency, including, but not limited to, police departments and sheriff departments of this state and 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.

In respect to The HORSES HELPING HEROES Project Confidentiality Policy, I understand that such access is for purposes of considering my application as a volunteer, and that I expressly DO NOT authorize The HORSES HELPING HEROES Project, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

The HORSES HELPING HEROES Project uses the above information to locate the best qualified volunteers and does not discriminate based on race, color, creed, sex, national origin, or religion. All lesson volunteers must be at least 14 years of age in compliance with the North American Riding for the Handicapped Association's (NARHA's) Centers Standards,

Signature:_____ **Date:** _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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, _____ (print name), hereby authorize **The HORSES**

HELPING HEROES Project to:

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

Name: _____ DOB: _____ Age: _____
Address: _____
City/State/Zip: _____ Phone: _____

IN THE EVENT I AM UNCONSCIOUS AND UNABLE TO ACT FOR MYSELF, CONTACT

Name: _____
Relationship: _____ Phone: _____
Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____ Phone: _____
Health Insurance Co.: _____ Policy #: _____

In an effort to provide the best care possible, please indicate below if any of the following apply:

- I am allergic to the following _____
- I have the following ongoing medical conditions: _____
- I have been treated recently for the following physical / mental condition: _____

CONSENT PLAN

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 below is unable to be reached.

Consent Signature: _____ Date: _____
(Participant/Volunteer)

Print Name: _____ Phone: _____

NON-CONSENT PLAN

I, _____, do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services at The HORSES HELPING HEROES Project. I fully release the center and/or its representatives for any injuries/losses I may incur as a result of this non-consent. In the event emergency aid/treatment is required, I wish the following procedures to take place: _____

Non-Consent Signature: _____ Date: _____
(Participant/Volunteer)

Print Name: _____ Phone: _____

Consent for Media Release

I hereby consent to and authorize the use and reproduction by The HORSES HELPING HEROES Project of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, publication on The HORSES HELPING HEROES Project web site (www.horseshelpingheroesproject.com) or for any other use for the benefit of the program.

Signature: _____ Date: _____
(Participant/Volunteer)

Non-Consent for Media Release

For reasons that I am not obliged to disclose, I DO NOT give consent for photographs, either still or moving, or any television or news media, to be taken of myself _____, by The HORSES HELPING HEROES Project or any persons working on behalf of said center. I understand that a RED DOT will be placed on the record kept in the administration offices of the center which will designate that photographs are not allowed of said person.

Signature: _____ Date: _____
(Participant/Volunteer)

Confidentiality Policy and Agreement

Due to the nature of therapeutic horseback riding, it is the policy of The HORSES HELPING HEROES PROJECT that any and all information pertaining to our participants, their family, and volunteers shall remain privileged and confidential. This information may include, but is not limited to, any medical, social, referral, personal, and/or financial information that may be disclosed as a result of participation at the center.

Disclosures of any confidential information shall not be released to anyone not associated with The HORSES HELPING HEROES PROJECT. Discussions involving any participant shall be limited to progress reports, appropriate mounted and unmounted safety guidelines, and any other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning participants on a "need to know" basis and in keeping with the confidential nature of our participant's records. Each participant shall be assured of record confidentiality and as such, only authorized staff will have access to secure records. Volunteers are not permitted to discuss participants with other volunteers, other instructors, friends, etc., outside of the center.

Interviews or other forms of public discussions with any public relations media, either through television, radio or any other type of publication, is strictly prohibited by any volunteer. All such matters should be directed to the Executive Director for appropriate action.

Since our intentions are to safeguard our participants, this policy is designed to ensure that the privacy of our participants, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of The HORSES HELPING HEROES PROJECT. Such a breach of confidentiality may also constitute ground for legal action.

Failure to adhere to The HORSES HELPING HEROES PROJECT confidentiality policy by any staff or volunteer may result in the termination of service with the center and corrective actions taken.

I agree to uphold the confidentiality policy as stated above.

Signature _____

Printed Name _____