



Volunteer/Staff Information Form

General Information

Name of volunteer/staff	Date of birth
Address	Phone
Employer/school	How did you learn about the program?
Parent/legal guardian/caregiver name (if applicant is a minor)	Phone
Address	

Health History

<p>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/surgeries; or lifestyle changes.</p>	
Allergies	
Medications	
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

Areas of Interest (check all that apply)

Program	Special Events	Administration	
<input type="checkbox"/> Horse handling	<input type="checkbox"/> Trail rides	<input type="checkbox"/> Facility repairs	<input type="checkbox"/> Volunteer recruitment
<input type="checkbox"/> Sidewalking w/ a student	<input type="checkbox"/> Horse shows	<input type="checkbox"/> Public relations	<input type="checkbox"/> Photography/video
<input type="checkbox"/> Stable management	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Budget & finance
	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Future planning



Photo Release

I DO I DO NOT

consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional materials, educational activities, exhibitions or for any other use for the benefit of the program.

Signature

Date

Background Information

Have you ever been charged with or convicted of a crime?

Yes No

If yes, please explain:

I authorize Rainy Day Ranch to receive information from any law enforcement agency, including police and sheriff departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions that 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 International Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Do you have a current driver's license?

Yes No

Signature

Date

Confidentiality Agreement

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

Signature

Date



Acknowledgement of Rainy Day Ranch Volunteer Policies

Volunteers are essential to RDR's success and our ability to serve those members of our community who are in need. We are grateful for your willingness to give your time and talents to help us and serve our riders.

RDR Policies

- If you are a **leader**, please **arrive 30 minutes early** to prepare for the lesson by grooming and warming up horses.
- If you are a **sidewalker**, please **arrive 10 to 15 minutes early** so the instructor has a solid headcount of volunteers for that lesson.
- Confidentiality is extremely important for the safety of our riders and their families. Please keep any rider details private, such as name, diagnosis, or any other personal identifying details.
- Wear closed-toed shoes and appropriate dress for the weather. If you aren't appropriately dressed, you won't be able to participate in the lesson.
- If RDR needs to cancel a lesson when you are scheduled to volunteer, you'll be notified by email, text, or phone at least 2 hours before the lesson time.

Select preferred method(s) of contact (check all that apply) and provide email address or phone numbers:

<input type="checkbox"/> Email	<input type="checkbox"/> Call	<input type="checkbox"/> Text
Email address	Phone	Phone

- Volunteer communication will be through email, so please check your emails weekly. We'll also post any news to our Facebook and Instagram pages.

Facility Information

- Parking is available just outside the arena.
- Restroom is available next to the barn.

I've read the Volunteer Handbook and agree to abide by the policies and procedures of Rainy Day Ranch.

Signature	Date
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Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement for RAINY DAY RANCH, a Nonprofit Corporation

Read this agreement carefully before signing it. Your signature indicates you understand it and agree to its terms. By signing this agreement, you are giving up certain legal rights, including the right to recover damages in case of injury, death, or property damage, arising out of your riding or use of the horses of Rainy Day Ranch, including injury, death, or property damage arising out of the negligence of you or of the owners, employees, volunteers, or workers of Rainy Day Ranch.

Your name or name of parent/legal guardian/caregiver (if volunteer/staff is a minor)	Phone
Address	

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, and I voluntarily assume the risk and danger of injury or death resulting from the use of the horses, equipment, and gear provided to me by Rainy Day Ranch, a nonprofit corporation (referred to herein as “Rainy Day Ranch”).

Some of the risks of therapeutic horseback riding include, but are not limited to:

- Bites, kicks, abrasions, or contusions caused by horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls, enclosures, or brush or debris on riding paths.
- Scratches or other injury from grooming tools and other equine equipment and gear.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initials) _____

I hereby specifically forever waive and release Rainy Day Ranch and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment, and/or with horses, as well as from the active negligence of Rainy Day Ranch or its principals and agents.

(Initials) _____



I hereby acknowledge that although there may be supervision during my time spent at Rainy Day Ranch, there will not be medical personnel on the premises. **Additionally, I am aware of the risks of contracting illnesses (including Covid-19) while receiving face-to-face services at Rainy Day Ranch.** By signing this agreement, I hereby acknowledge that Rainy Day Ranch and its principals and agents bear no responsibility for the prevention of illness, or for my health or medical care.

(Initials) _____

I agree to release, indemnify, discharge, and hold harmless Rainy Day Ranch and its principals and agents from and against any loss, liability, damage, attorney's fees, or cost that may be incurred arising out of or in any way connected with either my presence or participation at Rainy Day Ranch, or any acts or omissions of Rainy Day Ranch or its principals and agents.

(Initials) _____

By signing this Agreement and by initialing this paragraph, I hereby acknowledge my complete understanding, agreement, and consent to my presence and/or participation in the activities at Rainy Day Ranch, without restriction, without liability to Rainy Day Ranch, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases contained in this Agreement.

(Initials) _____

If I am present at and participate in the activities of Rainy Day Ranch, I do so at my own risk, and I hereby acknowledge and agree that Rainy Day Ranch and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at Rainy Day Ranch.

(Initials) _____

It is recommended that all riders wear a protective helmet. It is my understanding that a protective helmet (ATSM-SEI) is required for my own or my child's safety.

(Initials) _____

Print name of participant (or parent/legal guardian/caregiver)	Date
Participant's signature	