



## Volunteer/Staff Information Form and Health History

### General Information

Name:

Date:

Address:

Date of Birth:

Phone:

Employer/School:

Address:

Parent/Legal Guardian/Caregiver Name

Address

Phone Number:

How did you learn about the program?

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### Health History

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.

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

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Medications: \_\_\_\_\_

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### Check areas in which you are interested:

#### Program

- Horse Handling
- Sidewalking With a Student
- Stable Management

#### Special Events Administration

- Facility Repairs
- Horse Show
- Fundraising
- Special Olympics
- Trail Rides
- Public Relations
- Grant Writing
- Newsletter
- Volunteer

- #### Recruitment
- Photography/Video
  - Budget & Finance
  - Future Planning



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:

### 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 material, 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? Y N Please explain

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I, (volunteer/staff), authorize 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:

CURRENT DRIVER'S LICENSE Y N

### Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center 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:



## 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 of your time and talents to help us and serve our riders.

We want you to be aware of 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 10-15 minutes early** so that the instructor has a solid headcount on volunteers for that lesson.
- Remember, 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.
- Parking is available just outside of the arena.
- Restroom is available next to the barn.
- Please remember to wear closed toed shoes and appropriate dress for the weather. Failure to dress appropriately will result in your inability to participate in the lesson.
  - If RDR needs to cancel a lesson when you are scheduled to volunteer, you will be notified by email, text, or phone at least two hours before the lesson time. Please indicate your preferred phone and whether a call or text is ideal next to your signature at the bottom of this page.
- Volunteer communications will be through emails, so please be sure to check your emails weekly. We will also post any news to our Facebook and Instagram accounts.

By signing, you are indicating you have read the Volunteer Handbook and agree to abide by the policies and procedures of Rainy Day Ranch.

Volunteer Signature Date

Preferred Contact (Circle as many as you like)

Email	Text Phone
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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/Child's Name: \_\_\_\_\_

\_\_\_\_\_

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

Phone: \_\_\_\_\_

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities that 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 allergies.
- 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.

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 costs that they may incur 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 or agents.

By signing this Agreement, and by initialing the paragraph below, 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 herein.

(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.

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

Participant's

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