

Mailing Address:  
P.O. Box 273542  
Boca Raton, FL 33427  
[www.equineatsf.org](http://www.equineatsf.org)



**Equine-Assisted Therapies**  
of South Florida, Inc.  
Creating a path to unbridled moments. Witness the magic.

**Riding Facility:**  
Tradewinds Park North  
3601 West Sample Road  
Coconut Creek, FL 33073  
Phone: (954) 974-2007  
Fax: (954)974-6119

## Volunteer Application

New Volunteer       Returning Volunteer

Date:

Name:

Nickname:

Date of Birth:  Age:

Gender at Birth:  F     M

Gender Identity:

Email:

### Persons to Notify in Case of Emergency

**Current Address**      How Long:

Address:

City:

State:       Zip:

**Name (1)**

Address:

City:

State/Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

Relationship:


Home Number:

Cell Number:

Work Number:

**Name (2)**

Address:

City:

State/Zip:

Home Phone:

Cell Phone:

Work Phone:

Email:

Relationship:


**Place of Employment**

Company:

Position:

Address:

City,State,Zip:

Phone:

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

Yes       No

If yes, please provide dates, and nature of charge(s)

**If A Student**

School Name:

Year of graduation:

**Are service hours for...**

School       Court Ordered

Church       Fun

I hereby authorize Equine-Assisted Therapies of South Florida, Inc. (formerly Horses and the Handicapped of South Florida, Inc.) to examine inspect, interview, or obtain copies of any and all records or reports concerning my background and/or any prior criminal history.

Signature:       Date:

### If under 18 years of age, Parent or legal guardian must sign

Signature:       Date:

### Office Use ONLY

BG Check	Date: _____	By: <input type="checkbox"/>	Grooming Training	Date: _____
Orientation	Date: _____	<input type="checkbox"/>	Tack training	Date: _____
Introduction Training	Date: _____	<input type="checkbox"/>	Leader training	Date: _____

RIDING FACILITY:  
Tradewinds Park North  
3600 W Sample Rd.  
Coconut Creek, FL 33073  
Phone: (954) 974-2007  
Fax: (954)974-6119



**Equine-Assisted Therapies**  
of South Florida, Inc.  
*Creating a path to individual growth. Within the herd.*

MAILING ADDRESS:  
P.O. Box 273542  
Boca Raton, FL 33427  
[www.equineatsf.org](http://www.equineatsf.org)

## EATSF WAIVER AND RELEASE OF LIABILITY

\_\_\_ Participant \_\_\_ Volunteer

Name of Participant/Volunteer (please print): \_\_\_\_\_

I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the gentlest horse can be unpredictable. I hereby assume the risk of participating in such activities.

I hereby take the following action for myself and my executors, administrators, heirs, next of kin, successors and assigns:

- a) I waive, release and discharge from any and all claims or liabilities for death, personal injury or damages of any kinds, which acts arise out of or relate to my participation in, or my traveling to and from, the horseback riding events, the following persons or entities: EATSF, building or facility lessees, sponsors, and the officers, directors, employees, representatives, instructors and agents of the above.
- b) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein, and
- c) I indemnify and hold harmless the persons or entities mentioned above from any claims made or liabilities assessed against them as results of my actions and any attorney fees or costs incurred by them as a result of my action.

*By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.*

\_\_\_\_\_  
Signature of Participant/Volunteer

\_\_\_\_\_  
Date

*If under 18 years of age, Parent or legal guardian must sign:*

In consideration for my allowed participation in Equine-Assisted Therapies of South Florida's (EATSF) Program, I \_\_\_\_\_ parent/guardian hereby acknowledge and agree to accept all risk that may result from participation in a program that involves riding, working with and or around animals. I hereby release EATSF, its governing board, officers, employees, representatives, agents, successors and assigns from liability for all claims and causes of action for loss of or damage to any property and for any and all illness, injury or death of myself or any person(s) that may result from or occur during my participation in the Volunteer Program or result from EATSF and its personnel's negligent or intentional act or omission.

\_\_\_\_\_  
Signature of Participant/Volunteer

\_\_\_\_\_  
Date

**PHOTO RELEASE**     I Consent and Authorize     I Do Not Consent and Authorize

Equine Assisted Therapies of South Florida to use, reuse, publish, and reproduce any and all photographs, audio and/or video materials taken of me or featuring me, as well as my name in connection therewith, in whole or in part, in any medium or form of distribution, including without limitation, all promotional and advertising uses, non-commercial or commercial display, broadcast, printed material, educational activities, or exhibitions for purposes of promotion of the EATSF program as EATSF so desires. I hereby forever release and discharge photographer or videographer and his/her representatives, licensees, successors, and assigns from any and all claims, actions and demands arising out of or in connection with the use of said materials including, without limitation, any and all claims for invasion of privacy and libel.

\_\_\_\_\_  
Signature

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



**Equine-Assisted Therapies**  
of South Florida, Inc.  
*Creating a path to unbridled moments. Witness the magic.*

## Medical Information & Confidentiality

Volunteer Name:	Date:
-----------------	-------

### Medical History:

Please list any medical restrictions or psychological conditions that EATSF staff should be aware of:


**Seizures:** (if yes, please explain)

**Allergies:**


**Current Medications:**


**Date of Last Tetanus Shot**

**Date of COVID-19 vaccine**   
(fully vaccinated: 2 weeks after 2nd dose)

### CONFIDENTIALITY POLICY

Confidentially is defined as "told in secret or private relations; trusted confidence." I shall not, at any time make unauthorized disclosures of any information that is considered to be proprietary or confidential by EATSF, such as any personal information of any participant served by the organization, data, reports, or information regarding volunteers, or donors.

***By signing this form, I affirm that I have read and agree to the terms of EATSF's Policy of Confidentiality.***

Signature:	Date:
------------	-------

***If under 18 years of age, Parent or legal guardian must sign here:***

Signature:	Date:
------------	-------

**Volunteer Name:**

Schedule (Please check all boxes for the time(s) that you are available)

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday (8am-4:45pm)
8:30am-12:30pm (Grooming team)						
2:00pm-5:30pm (Hippo)						
4:30pm-6:30pm						

**Volunteer Opportunities:**

Are you interested in:  Office Work  Barn Work  Special Events

Able to lift at least 20 pounds from the ground? Yes  No

Are you able to walk on uneven footing pushing a wheelbarrow? Yes  No

Experience to date:

**Volunteer Questionnaire:**

How did you become aware of EATSF?

Do you have any current or prior horse experience?  
If yes, please explain.

Yes  No

List some strengths and skills

Why would you like to volunteer at EATSF?

**Communication Preferences**

- Yes, I would like to receive e-mail updates about EATSF news & events
- No, I'd prefer not to receive e-mail updates about EATSF news & events



**Equine-Assisted Therapies**  
of South Florida, Inc.  
*Creating a path to unfolded moments. Witness the magic.*

## Dress Code



## REFLECT YOUR RESPECT!

Below is a list of clothing that is NOT PERMITTED. Volunteers who arrive to the barn dressed in inappropriate clothing will be provided a change of clothes or can either leave and return in the proper dress attire. For those volunteers that must wait on transportation, they will be asked to wait in the volunteer office.

- NO RUNNING SHORTS, VOLLEYBALL SHORTS, SKORTS, OR BEACH SHORTS
- NO SAGGING PANTS
- NO SPAGHETTI-STRAP TOPS OR TANK TOPS
- NO SEE THROUGH OR REVEALING CLOTHING
- NO EXPOSED MIDRIFTS
- ATTIRE CANNOT DISPLAY OFFENSIVE SLOGANS, SYMBOLS, OR DRUGS AND ALCOHOL
- NO SLIPPERS, SLIDES, FLIP FLOPS, SANDALS, OR HEELED SHOES-TOES MUST BE COVERED

*By signing this form, I affirm that I am eighteen (18) years of age or older, I have read this document, and I understand its contents.*

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

<b>Parent or legal guardian must sign for volunteers under 18 years of age.</b>	
Signature: _____	Date: _____

## COVID-19/INFECTIOUS DISEASE ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES

AS OF 3 JUNE 2020 – REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS AND CLIENTS.

I, \_\_\_\_\_, am aware of the risks of contracting or spreading COVID-19 (or an infectious disease while working or volunteering at Equine-Assisted Therapies of South Florida attending an event; and/or receiving face-to-face services from Equine-Assisted Therapies of South Florida at this time.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the COVID-19 or Coronavirus or another infectious disease and agree to hold harmless Equine-Assisted Therapies of South Florida and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Equine-Assisted Therapies of South Florida; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/barn; assisting my participant with mount or dismount, when needed; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and wearing a protective mask or face covering.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this or other pandemic(s).

Equine-Assisted Therapies of South Florida will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

**PARTICIPANTS/FAMILY MEMBERS/GUARDIANS:** I understand that if I cannot return the 2020-2021 Program Application before July 1<sup>st</sup>, I will be required to complete a “Medical Change Notification” form and be required to visit the office to verify my/my participants height and weight in-person.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from Equine-Assisted Therapies of South Florida.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

\*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18, PLEASE PROVIDE NAME(S) OF ALL YOUTH THIS APPLIES FOR:

---