



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

**Office Use Only:**

Orientation \_\_\_\_\_

Background Check \_\_\_\_\_

Database Entry \_\_\_\_\_

## Volunteer Application

Date (Date Application is Completed): \_\_\_\_\_ Returning Volunteer:  Yes  No

Volunteer Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth (DOB): \_\_\_\_\_ Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

School and/or Place of Employment: \_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## Communication Preferences

Would you like to receive email updates about EATSF news and events?  Yes  No

Communication Preference (please check):  Phone  Text  Email

## Emergency Contact Information

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

## Confidentiality Policy Statement

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 Equine-Assisted Therapies of South Florida (EATSF), such as any personal information of any participant served by the organization, data, reports, or information regarding volunteers, or donors.

By signing below, I affirm that I have read and agree to the EATSF Confidentiality Policy Statement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if under 18, Parent/Guardian must sign)*

**CAMPUS ADDRESS:**  
Tradewinds Park North  
3601 West Sample Road  
Coconut Creek, FL 33073

**MAILING ADDRESS:**  
PO Box 273542  
Boca Raton, FL 33427



## Volunteer Questionnaire

I am most interested in:       Office Work                       Barn Work                       Special Events

I am able to lift at least 20 pounds from the ground:       Yes                       No

I am able to walk on uneven footing for one hour:       Yes                       No

I have horse experience:       Yes                       No

If yes, please explain:

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My strengths and skills are:

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I am volunteering for:       School                       Court                       Fun

I am interested in volunteering at Equine-Assisted Therapies of South Florida (EATSF) because:

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I have been charged or convicted of a crime:       Yes                       No

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

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I hereby authorize Equine-Assisted Therapies of South Florida (EATSF) to examine, inspect, interview, or obtain copies of any and all records concerning my/my child's/the individual in my care background and/or prior criminal history.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if under 18, Parent/Guardian must sign)*

## Volunteer Medical Information

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

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Seizures (if yes, please explain): \_\_\_\_\_ Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Date of Last Tetanus: \_\_\_\_\_

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## Waiver and Release of Liability

Name of Participant *(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:

1. 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: Equine-Assisted Therapies of South Florida, Inc., (EATSF), building or facility lessees, sponsors, and the officers, directors, employees, representatives, instructors and agents of the above.
2. 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
3. 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 Volunteer*

\_\_\_\_\_  
*Date*

### Parent/Guardian Signature *(if volunteer is under the age of 18)*

In consideration of the participation in the Equine-Assisted Therapies of South Florida’s (EATSF) Program, and the aforementioned content I \_\_\_\_\_ *(parent/guardian name)* 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 Program/Volunteer Program or result from EATSF and its personnel’s negligent or intentional act or omission.

\_\_\_\_\_  
*Signature of Parent / Guardian*

\_\_\_\_\_  
*Date*

### Photo Release *(please check one box)*

I Consent and Authorize \_\_\_\_\_ I Do Not Consent and Authorize \_\_\_\_\_

For Equine Assisted Therapies of South Florida, Inc. (EATSF), 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 of Volunteer/Parent or Guardian (if under 18 years of age)*

\_\_\_\_\_  
*Date*

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## Volunteer Dress Code Acknowledgement

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

- NO DANGLY JEWELRY
- 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
- STURDY, CLOSED-TOE SHOE/BOOT MUST BE WORN - NO SLIPPERS, CROCS, SLIDES, FLIP FLOPS, SANDALS

By signing below, I affirm that I have read and agree to the EATSF Volunteer Dress Code Acknowledgement.

Signature: \_\_\_\_\_  
(if under 18, Parent/Guardian must sign)

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

## Volunteer Scheduling

After attending a volunteer orientation, you will sign-up for a shift that is available at that time. The schedule below is an example of the days and times that are typically available at EATSF.

<i>Day</i>	<i>AM Shift</i>	<i>PM Shift</i>
Tuesday	9:00 a.m. – 1:00 p.m.	1:30 p.m. – 6:00 p.m.
Wednesday	9:00 a.m. – 1:00 p.m.	1:30 p.m. – 6:00 p.m.
Thursday	9:00 a.m. – 1:00 p.m.	1:30 p.m. – 7:00 p.m.
Friday	9:00 a.m. – 1:00 p.m.	1:30 p.m. – 7:00 p.m.
Saturday	9:00 a.m. – 1:00 p.m.	1:30 p.m. – 5:00 p.m.

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