



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: (_____) _____

Volunteer Demographics

We receive grant funding which is helping us collect demographic data on our volunteer base, you can help us as we write our proposals for funding by completing the information below. This section is not required.

I am: Hispanic Non-Hispanic
I am: White Black/African American American Indian/Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander Other (please specify): _____

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



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Volunteer Questionnaire

I am most interested in: Office Work Barn Work Special Events Program/Lessons

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:

My strengths and skills are:

I am volunteering for: School Court Fun

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

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

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

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:

Seizures (if yes, please explain): _____

Allergies: _____

Current Medications: _____

Date of Last Tetanus: _____

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Assumption of Risk and Indemnity Waiver Agreement

WARNING:

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. (History. —s. 91, Ch. 93-169)

For and in consideration of participation in any activity, mounted or unmounted, at Equine-Assisted Therapies of South Florida (EATSF) in any capacity (including as a rider, participant, lessee, owner, coach, spectator, or volunteer), including but not limited to lessons, sessions, practices, shows, trainings and related or incidental activities; I, for myself, and on behalf of my spouse, children, heirs and next of kin, and any legal and personal representatives, executors, administrators, successors, and assigns, hereby agree to and make the following contractual representations pursuant to this Agreement (the "Agreement"):

ACKNOWLEDGMENT OF RISK: I knowingly, willingly, and voluntarily acknowledge the inherent risks associated with horseback riding and related equestrian activities are inherently dangerous, and that participation in any EATSF program, volunteering, and/or being at the facility involves risks and dangers including, without limitation, the potential for serious bodily injury (including broken bones, head or neck injuries), sickness and disease (including communicable diseases), trauma, pain & suffering, permanent disability, paralysis and death; loss of or damage to personal property arising out of the unpredictable behavior of horses; exposure to extreme conditions and circumstances; accidents involving other participants, staff, volunteers or spectators; contact or collision with other participants and horses, natural or manmade objects; adverse weather conditions; facilities issues and premises conditions; failure of protective equipment (including helmets); inadequate safety measures; participants of varying skill levels; situations beyond the immediate control of EATSF; and other undefined, not readily foreseeable and presently unknown risks and dangers ("Risks"). 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.

WAIVER AND RELEASE OF LIABILITY, HOLD HARMLESS AND INDEMNITY: In conjunction with my participation at EATSF, I hereby release, waive and covenant not to sue, and further agree to indemnify, defend and hold harmless the following parties: EATSF, building or facility lessees, sponsors, and the officers, directors, employees, contractors, representatives, volunteers or agents of the above, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss, or expense (including court costs and reasonable attorney fees) of any kind or nature ("Liability") which may arise out of, result from, or relate in any way to my participation in the EATSF programs, including claims for Liability caused in whole or in part by the negligent acts or omissions of the Released Parties.

COMPLETE AGREEMENT AND SEVERABILITY CLAUSE: This Agreement represents the complete understanding between the parties regarding these issues and no oral representations, statements or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

ACKNOWLEDGEMENT: I have read this Waiver Agreement and understand that by signing this document, I am waiving valuable legal rights including any and all rights that I may have against the Releases named above. Electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.

Acknowledgement

Printed Name of Volunteer: _____

Printed Name of Legally Responsible Party: _____

Date: _____

Signature of Legally Responsible Party _____

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P.O. Box 273542
Boca Raton, FL 33427

PHONE: 954-974-2007

FAX: 954-974-6119

EMAIL ADDRESS: program@equineatsf.org



Photo Release

(Please select approval or rejection of consent)

I Consent and Authorize _____ I Do Not Consent and Authorize _____

I hereby grant Equine-Assisted Therapies of South Florida (EATSF) permission to use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of EATSF and will not be returned.

I hereby irrevocably authorize EATSF to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose.

In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I hereby hold harmless, release, and forever discharge EATSF from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Acknowledgement

Printed Name of Volunteer: _____

Printed Name of Legally Responsible Party: _____

Signature of Legally Responsible Party

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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