



**Return form to:**  
Morgan Hengel  
1504 E 1st Street  
Merrill WI 54452  
(715)-923-6431  
volunteer@stablehandstherapy.com

**VOLUNTEER APPLICATION**

Date Submitting Application \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birthdate \_\_\_\_\_ Parent Guardian (if under age 18) \_\_\_\_\_

**Contact Information**

Phone Number(s): Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address \_\_\_\_\_

Preferred method of contact: Phone  Text  Email  Facebook Group

**Additional Information**

Can you walk for 45 minutes and jog short distances? \_\_\_\_\_ Height \_\_\_\_\_

Do you have any medical conditions of which we need to be aware of? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

First Aide Certified? (not required) \_\_\_\_\_

What hours are you available to volunteer? Morning  Afternoon  Evening  Weekend

**EXPERIENCE WITH HORSES / SKILLS**

Are you comfortable working with or walking around horses? \_\_\_\_\_

What is your experience level with horses? (not necessary to participate – we have a training program)

**Please check off any areas that may be of interest to you:**

- |                         |                          |  |                          |
|-------------------------|--------------------------|--|--------------------------|
| Sidewalker              | <input type="checkbox"/> | Hospitality Staff (guest courtesy, refreshments) | <input type="checkbox"/> |
| Horse Leader            | <input type="checkbox"/> | Special Projects (awards, games, crafts)         | <input type="checkbox"/> |
| Fundraising             | <input type="checkbox"/> | Photography                                      | <input type="checkbox"/> |
| Maintenance of Facility | <input type="checkbox"/> | Sales of Program Merchandise (shirts / hats)     | <input type="checkbox"/> |
| Public Relations        | <input type="checkbox"/> |  |                          |

Any other special skills or training that may be of benefit to our program? \_\_\_\_\_

**MEDICAL RELEASE**

Medical Insurance Plan \_\_\_\_\_

In case of medical emergency, the undersigned authorizes Stable Hands, Inc. to provide such medical assistance as they determine to be necessary. The undersigned also agrees to release Stable Hands, Inc., its Board of Directors, Instructors, and other volunteers from any and all claims arising from participation in this program.

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

Parent / Guardian (if under age 18) \_\_\_\_\_

**PHOTO RELEASE**

I DO  DO NOT  consent to and authorize the use and reproduction by Stable Hands Equine Therapy Center 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? Yes / No

Please Explain \_\_\_\_\_

I, \_\_\_\_\_ authorize Stable Hands, Inc. 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 Number \_\_\_\_\_ State \_\_\_\_\_

**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 participants and his/her parent/guardian in the case of a minor.

Signature \_\_\_\_\_ Date \_\_\_\_\_