



RETURN FORM TO:

Jenna Feavel
5400 Falcon Drive
Wausau, WI 54401
(608) 359-5297
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/Client Support | <input type="checkbox"/> | Housekeeping (cleaning of common areas) | <input type="checkbox"/> |
| Horse Leader | <input type="checkbox"/> | Special Projects (awards, games, crafts) | <input type="checkbox"/> |
| Barn Chores | <input type="checkbox"/> | Photography | <input type="checkbox"/> |
| Maintenance of Facility | <input type="checkbox"/> | Grant Writing | <input type="checkbox"/> |
| Public Relations/Events | <input type="checkbox"/> | Fundraising/Capital Campaign | <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 _____

STABLE HANDS EQUINE THERAPY CENTER (STABLE HANDS, INC.)
RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.

In consideration of participating in equestrian activities, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Stable Hands, Inc. and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that equestrian activities involve known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to, death, paralysis or serious injury as a result of falls while riding horses; broken bones, bruises and other bodily injuries caused by contact with horses, such as being bitten by, kicked by or stepped on by horses; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of- all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

Signature _____ Print Name _____
Address _____ City _____ Zip _____
Telephone _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT
(Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian Signature _____ Print Name _____
Date _____