



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 _____