



## Volunteer/Staff Information Form

### General Information

Name of Volunteer / Staff Member	Date of Birth
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Gender Pronoun Preference <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/> Other _____
Email Address	Phone
Employer / School	How did you learn about the program?
Parent/legal guardian/caregiver name (if applicant is a minor)	Phone

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness; cardiac, respiratory, bone or joint function; recent hospitalizations/surgeries; or lifestyle changes.	
Allergies	
Medications	
The information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.	
Signature	Date



**Areas of Interest** (check all that apply)

<input type="checkbox"/> Lesson Team (Sidewalking or leading in lessons) <input type="checkbox"/> Barn Team (Horse care management such as mucking paddocks, filling haynets, scrubbing water troughs etc.) <input type="checkbox"/> Fundraising <input type="checkbox"/> Photography / Video <input type="checkbox"/> Community Outreach (placing posters, working events, etc.)
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**Photo Release**

<input type="checkbox"/> <b>I DO</b> <input type="checkbox"/> <b>I DO NOT</b> consent to and authorize the use and reproduction of any and all photographs and any other audio/visual materials taken of me for promotional materials, 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:	
I authorize Meadows Center for Equine Connection to receive information from any law enforcement agency, including police and sheriff departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions that 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 this program, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.	
Do you have a current driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	Date

**Confidentiality Agreement**



I understand that all information (written and verbal) about participants in this program are confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.	
Signature	Date

## Acknowledgement of Volunteer Policies

Volunteers are essential to MCEC’s success and our ability to serve those members of our community who are in need. We are grateful for your willingness to give your time and talents to help us and serve our riders.

### MCEC Policies

- If you are a **leader**, please **arrive 30 minutes early** to prepare for the lesson by grooming and warming up horses.
- If you are a **sidewalker**, please **arrive 10 to 15 minutes early** so the instructor has a solid headcount of volunteers for that lesson.
- Confidentiality is extremely important for the safety of our riders and their families. Please keep any rider details private, such as name, diagnosis, or any other personal identifying details.
- Wear closed-toed shoes and appropriate dress for the weather. If you aren’t appropriately dressed, you won’t be able to participate in the lesson.
- If MCEC needs to cancel a lesson when you are scheduled to volunteer, you’ll be notified by email, text, or phone at least 2 hours before the lesson time.

Select preferred method(s) of contact (check all that apply):

<input type="checkbox"/> Email	<input type="checkbox"/> Call	<input type="checkbox"/> Text
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### Facility Information

- Parking is available just outside the arena. Please *do not* park by the blue house.
- A restroom is available next to the hay barn.

**I’ve read the Volunteer Handbook and agree to abide by the policies and procedures of Meadows Center for Equine Connection.**

Signature	Date
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**Release and Waiver of Liability,  
Assumption of Risk, and Indemnity Agreement  
for Meadows Center for Equine Connection, a Nonprofit Corporation**

**Read this agreement carefully before signing it.** Your signature indicates you understand it and agree to its terms. **By signing this agreement, you are giving up certain legal rights**, including the right to recover damages in case of injury, death, or property damage, arising out of your riding or use of the horses of Rainy Day Ranch, including injury, death, or property damage arising out of the negligence of you or of the owners, employees, volunteers, or workers of Meadows Center for Equine Connection.

Name of Volunteer / Staff Member (Parent/legal guardian/caregiver name if applicant is a minor)	Phone
Address	

By signing this form, I hereby acknowledge on behalf of myself that I have familiarized myself with the activities I will be allowed to participate in, and that I do hereby acknowledge and agree that I will participate in these activities without restriction or limitation. I recognize the inherent risks involved in riding and working with horses, and I voluntarily assume the risk and danger of injury or death resulting from the use of the horses, equipment, and gear provided to me by Meadows Center for Equine Connection, a nonprofit corporation (referred to herein as “MCEC”).

Some of the risks of therapeutic horseback riding include, but are not limited to:

- Bites, kicks, abrasions, or contusions caused by horses.
- Being thrown or bucked off by horses.
- Scratches or other injury from stalls, enclosures, or brush or debris on riding paths.
- Scratches or other injury from grooming tools and other equine equipment and gear.
- Allergic reactions to animals, hay, or other allergens.
- Tripping in holes or on materials or equipment.
- Slipping, falling, or otherwise being injured in the barn, in stalls, or on the grounds, which can be slippery, muddy, wet, or contain or present other hazards.

(Initials) \_\_\_\_\_

I hereby specifically forever waive and release MCEC and its principals and agents from any liability for injury arising out of the inherent risks from riding, working or participating in a stable environment,



and/or with horses, as well as from the active negligence of MCEC or its principals and agents.

(Initials) \_\_\_\_\_

I hereby acknowledge that although there may be supervision during my time spent at MCEC, there will not be medical personnel on the premises. **Additionally, I am aware of the risks of contracting illnesses (including Covid-19) while receiving face-to-face services at MCEC.** By signing this agreement, I hereby **acknowledge that MCEC and its principals and agents bear no responsibility for the prevention of illness, or for my health or medical care.**

(Initials) \_\_\_\_\_

I agree to release, indemnify, discharge, and hold harmless MCEC and its principals and agents from and against any loss, liability, damage, attorney's fees, or cost that may be incurred arising out of or in any way connected with either my presence or participation at MCEC, or any acts or omissions of MCEC or its principals and agents.

(Initials) \_\_\_\_\_

By signing this Agreement and by initialing this paragraph, I hereby acknowledge my complete understanding, agreement, and consent to my presence and/or participation in the activities at MCEC, without restriction, without liability to MCEC, its principals or agents, and with full knowledge and understanding of the disclosures, waivers, and releases contained in this Agreement.

(Initials) \_\_\_\_\_

If I am present at and participate in the activities of MCEC, I do so at my own risk, and I hereby acknowledge and agree that MCEC and/or any of its principals and agents shall bear no responsibility or risk associated with injuries that could arise from my presence or participation at MCEC.

(Initials) \_\_\_\_\_

It is my understanding that a protective helmet (ATSM-SEI) is required for my own or my child's safety.

(Initials) \_\_\_\_\_

\* Would you like to be added to our email list for special events, newsletters, and general updates? (Y/N)

Printed Name (Parent/legal guardian/caregiver name if applicant is a minor)	Date
Participant's Signature	