

Therapeion Therapeutic Riding Center, Inc.

VOLUNTEER APPLICATION

All Therapeion TRC volunteers must be at least 16 years old

Date: _____ Date of Birth: _____

Name: _____

Nickname: _____

Address: _____

City _____ St: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Email address _____

Occupation: _____ Employer: _____

Your supervisor s name: _____ Work phone: (____) _____

May we call you at work? Yes No

If you are a student, school name: _____

School phone number: (____) _____ Principal s name: _____

What is the best way to get in touch with you incase of a class cancellation?

Home Work Cell E-Mail

Emergency Information

In case of emergency I give permission to Therapeion TRC to secure medical treatment including but not limited to, x-ray, emergency surgery, hospitalization, emergency transportation, and medication.

Emergency Contact Information:

Name: _____ Relationship: _____

Home phone: (____) _____ Cell phone: (____) _____

Work phone: (____) _____

Your Doctor Information:

Name: _____ Phone: (____) _____

City: _____

Hospital: _____ City: _____

Consent Signature: _____ Date: _____

Non-Consent Signature: _____

Photo and Media Release

I consent to and authorize the use and reproduction by Therapeion TRC, Inc. of any and all photographs and any other audio-visual materials take of me for promotional material, educational activities, exhibitions, publications, broadcast, website, or for any other use for the benefit of the program.

Consent Signature: _____

Non-Consent Signature: _____

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Volunteer Liability Release

As a volunteer at Therapeion TRC, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself and my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Therapeion Therapeutic Riding Center Inc., its board of directors, instructors, therapists, volunteers, riders, and/or employees, or barn owners or managers for any and all injuries and/or losses I may sustain while participating at Therapeion Therapeutic Riding Center, Inc..

Indiana State Equine Laws states: *Under Indiana law, an 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.*

Your signature below indicates that you have read and understand the above liability release and have voluntarily agreed to participate in this program.

Signature: _____ Date: _____

Please Print Your Name: _____

If under 18 years old:

Signature: _____ Date: _____

Please Print Your Name: _____

Relationship to the Volunteer: _____

PLEASE COMPLETE ALL PAGES

**PAGES 1 AND 2 OF FORM
MUST BE UPDATED YEARLY**

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1. Have you ever volunteered at another therapeutic riding center? Yes No

If yes, where? _____

2. Can you walk for 60 minutes, jog for short distances, hold your arms above shoulder height, and support a modest weight? Yes No

If no, please explain: _____

3. Do you have any allergies, asthma, or medical problems (seizures, etc.) which would affect your ability to work with horses or in a barn? Yes No

If yes, please describe: _____

4. Do you have experience with horses? _____ Own? _____

Riding lessons? _____ How long? _____ What kind? _____

Train, show, or compete? _____

Please describe your level of horse expertise: _____

5. Horse handlers must know how to groom, tack-up, and lead the horses and must have a knowledge of horse temperament. Do you think you qualify as a horse handler?

Yes No

6. Do you have experience working with the disabled? Yes No

If yes, please describe _____

7. Do you have experience working with the victims of abuse? Yes No

If yes, please describe: _____

8. How did you hear about Therapeion? _____

9. Are you fulfilling community service hour requirements? Yes No

If so, for what organization?: _____

Your supervisor's name: _____

Your supervisor's phone number: (_____) _____

10. Does your employer support charitable organizations? Yes No

If yes, do you need information about Therapeion TRC to take to them? Yes No

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VOLUNTEER APPLICATION
ADDITIONAL VOLUNTEER OPPORTUNITIES

There are many ways to volunteer at Therapeion Therapeutic Riding Center. Here are a few other opportunities. Please contact us by phone or e-mail for more information or to sign up.

Property Volunteers

There s always something that needs to be done on a farm. This includes planting and maintaining flower gardens, fixing fences, building new fences, and painting. Special property clean-up and fix-up days are occasionally scheduled, you can sign up for weekly responsibilities, monthly responsibilities, or a one day project.

Special Event Volunteers

We have occasional special events to raise money to support our programs or recruit riders and volunteers. Ride-A-Thons, Open House Events, Auctions, and all other programs need volunteers who are willing to working for a block of time to get it done . If you can t make a weekly or monthly commitment but still want to help, this is how you can assist.

Committee Opportunities

We have year round projects and events. If you d like to volunteer for an ongoing project or have an idea for a new one, contact us! Some of our committees are : Fund-raising, Programing, Finance, and Community Promotion.

Please circle all that interest you!

Special Events Volunteer Property Volunteer Committee Volunteer

Other: _____

Name: _____

Address: _____

City _____ St: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Email address _____

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MANDATORY BACKGROUND CHECK FOR VOLUNTEERING

It is the law that we MUST do a background check if you are going to be working with kids or could be working with kids, no matter what the capacity. This includes reference checks.

Volunteer Legal Name: _____

Date of Birth: _____ Social Security # _____

I hereby authorize Therapeion Therapeutic Riding Center, Inc. to conduct a limited criminal history check on me through the Indiana Criminal Justice Institute on-line database. I understand that this confidential information will be kept in the locked files at Therapeion. In addition, I may request a copy of this report that is produced through this check.

Signature: _____ Date: _____

Please Print Your Name: _____

If under 18 years old:

Date: _____

Parent/Guardian Signature: _____

Please Print Your Name: _____

Relationship to the Volunteer: _____

REFERENCE INFORMATION

Reference One

Name: _____

Address: _____

City _____ St: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Relationship to the volunteer: _____

Reference Two

Name: _____

Address: _____

City _____ St: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Relationship to the volunteer: _____

SUBMIT COMPLETED APPLICATION TO:

Therapeion Therapeutic Riding Center
11030 South 200 West
Brookston, IN 47923

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Name: _____

ADDITIONAL INFORMATION

What days of the week are you available for volunteer work? (Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday

What times of the day are best for you? (Circle all that apply)

8:00 am 9:00am 10:00am 11:00am noon
1:00pm 2:00pm 3:00pm 4:00pm 5:00pm
6:00pm 7:00pm 8:00pm 9:00pm

For Therapeion Use Only

Volunteer Training Date _____ Horse Training Date _____
Abused Kids Training Date _____ Youth @ Risk Training Date _____
Battered Women Training Date _____
Additional Training and Date _____
Additional Training and Date _____

Inservice Date

Inservice Topic

