



**SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM**

Site: 195 Refugio Rd., Santa Ynez, CA • Mailing: PO Box 256, Solvang, CA 93464

805-686-6739 • www.syvtherapeuticriding.org

## Volunteer/Staff Information Form

### General Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

*Parent/Legal Guardian Name and Address:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

### **\*\*Volunteer Interest\*\***

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Lessons               | <input type="checkbox"/> Horse Show     | <input type="checkbox"/> Public Relations      |
| <input type="checkbox"/> Stable/Barn Assistant | <input type="checkbox"/> Fundraising    | <input type="checkbox"/> Grant Writing         |
| <input type="checkbox"/> Facility Assistant    | <input type="checkbox"/> Special Events | <input type="checkbox"/> Newsletter            |
| <input type="checkbox"/> Volunteer Recruitment |   | <input type="checkbox"/> Office/Administration |

I would like to commit to a regular day: \_\_\_\_\_ and time: \_\_\_\_\_

In addition to my regular day/time I am willing to be on-call volunteer: YES/NO

Please list any special skills and talents, (such as sign language, photography, public speaking) that you would like to contribute to our program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your employer give time off to volunteer: \_\_\_\_\_

Does your company or place of employment have a matching gift program: \_\_\_\_\_

Would you be willing to present information to your company/place of employment about or program or have a SYVTRP representative present? \_\_\_\_\_



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**Volunteer/Staff Information Form, *Continued***

**Background Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been charged with or convicted of a crime? Y N

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff) authorize SYVTRP to receive information from any law 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 that I expressly DO NOT authorize the NARHA 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: Y N License Number: \_\_\_\_\_ State: \_\_\_\_\_



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## Volunteer/Staff Information Health History

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Recent medical test: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + -- Date: \_\_\_\_\_  
 (Consult your physician or local health department if you are not up to date with these shots/tests)

### Health History

Are there any restrictions regarding your health history that would inhibit your ability to volunteer at SYVTRP? Please describe below. Information will be kept confidential.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Allergies:

\_\_\_\_\_  
 \_\_\_\_\_

Medications:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that 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: \_\_\_\_\_



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**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency treatment / aid is required due to illness or injury during the process of receiving services, or being on the property of the agency, I authorize **SYVTRP** to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In the event I cannot be reached, contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Parent or Guardian if under 18

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Non-Consent Plan**

I do not give my consent for emergency medical treatment / aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment / aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Parent or Guardian if under 18

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_



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**SANTA YNEZ VALLEY THERAPEUTIC RIDING PROGRAM AND  
SANTA YNEZ VALLEY EQUESTRIAN ASSOCIATION, INC.  
RELEASE/WAIVER AND HOLD HARMLESS AGREEMENT**

I am aware and fully understand that horses can be unpredictable and dangerous animals. I realize that participants and even spectators attending equestrian events place themselves in a potentially hazardous environment that poses a substantial risk of injury to person and property and that occasionally serious injury or even death to riders, spectators and horses occurs. Nevertheless, by my signing this agreement, I hereby, knowingly and voluntarily, with full appreciation for the danger, assume all risks of injury to my person and/or property, no matter how catastrophic and no matter the cause, which may occur as a result of my participation in or attendance at the event.

\_\_\_\_\_ (initial)

In consideration for allowing me to participate and/or be a spectator at these events, on behalf of myself, my heirs and my estate, I hereby release and hold harmless the Santa Ynez Valley Therapeutic Riding Program and the Santa Ynez Valley Equestrian Association, the property owners and the operators of the events, their employees, agents and assigns, from any and all duty, liability or responsibility to me, my estate, heirs and assigns, that may arise from an accident, damage, injury or illness to me or my property as a result of my participation in or attendance at the equestrian events scheduled for the calendar year, including, but not limited to, any and all damage, injury or illness to me, my person or property, that may arise from the negligent acts or omissions of the Santa Ynez Valley Therapeutic riding Program and the Santa Ynez Valley Equestrian Association or the operators of its events or their respective employees, agents and assigns, even if the negligent acts or omissions occur after I am injured.

\_\_\_\_\_ (initial)

By signing this release, I hereby grant the operators of this event, their employees, agents and assigns my permission to initiate emergency first aid treatment for myself and/or my children in the event such treatment is reasonably required, which determination may be made in their sole discretion.

\_\_\_\_\_ (initial)

I also agree to defend, indemnify and hold harmless the Santa Ynez Valley therapeutic riding Program and the Santa Ynez Valley Equestrian Association, the property owners and the operators of this event, their employees, agents and assigns, against all claims, demands and causes of action (which includes court costs and attorney's fees), prosecuted for my benefit. I agree that this release extends to all claims of every kind an nature whatsoever whether known or unknown and expressly waive any benefits of California Civil Code section 1542 which states:

A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS WHICH THE CREDITOR DOES NOT KNOW OR SUSPECT TO EXIST IN HIS FAVOR AT THE TIME OF EXECUTING THE RELEASE, WHICH IF KNOWN BY HIM MUST HAVE MATERIALLY AFFECTED HIS SETTLEMENT WITH DEBTOR.

\_\_\_\_\_ (initial)

I have carefully read each point listed above and agree to each statement.

**PRINTED NAME OF PARTICIPANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**SIGNATURE OF PARTICIPANT:** \_\_\_\_\_

*(if participant is an adult, or parent or guardian if participant is a minor)*

**DATE:** \_\_\_\_\_

*(must be dated)*



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**Photo Release**

I...

- Do
- Do Not

Consent to and authorize the use and reproduction by SYVTRP of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefits of the center.

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

**Confidentiality Agreement**

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer/staff)*

**Confidentiality at SYVTRP:** Every NARHA therapeutic riding program must have a confidentiality policy for it's staff and volunteers in order to maintain the privacy of its clients. This means that staff and volunteers keep confidential all medical, social, personal and financial information regarding a student and his or her family. It is important to remember our student's rights to respect and privacy. One of the ways we do this at SYVTRP is to NOT talk about students in front of them or in front of anyone else. If a volunteer is curious about a particular student's diagnosis, please ask the instructor in private, after lessons are completed. Remember it is important to use discretion whenever discussing a student, at the barn or anywhere else. You never know who may overhear your conversation.

We encourage and support our volunteers to use your experiences from SYVTRP in community projects. It is not a problem for you to share your experiences as long as you do not use any students' names or pictures without first getting written permission from a SYVTRP staff member and the student or student's family.

Anyone who works or volunteers for, or provides services to SYVTRP is bound by this policy. This includes all staff, volunteers, independent contractors, and board members. This policy also applies to anyone connected to SYVTRP who could obtain confidential information either accidentally or on purpose. A breach of a student's confidentiality can result in a reprimand, loss of responsibility, or termination.

It is necessary that everyone at SYVTRP maintain a high level of trust and professionalism with the confidentiality of our students. If you have any questions regarding the confidentiality policy, please ask an instructor or the program director to talk about it with you.

By signing the bottom half of this form you are agreeing to abide by the confidentiality policy in place, to protect the student and his or her privacy.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witness: \_\_\_\_\_ Dated: \_\_\_\_\_



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### **VOLUNTEER JOB DESCRIPTION**

Depending on the skill level of each volunteer their responsibilities will include all or portions of the following:

- ◆ Grooming horses
- ◆ Tacking and untacking horses
- ◆ Grazing horses
- ◆ Assisting in mounting and dismounting of our students
- ◆ Leading horses during lessons
- ◆ Sidewalking with the students during lessons
- ◆ Cleaning tack
- ◆ Cleaning tack room and offices
- ◆ Cleaning and maintaining property
- ◆ Assisting with the small animals
- ◆ Assisting with special programs and projects
- ◆ Office work
- ◆ Other activities

We expect the volunteers to follow all program rules, which include, but are not limited to, the following:

- ◆ No smoking
- ◆ No running
- ◆ No climbing on, through, or over corrals
- ◆ All volunteers must be at least 14 years of age
- ◆ All volunteers must wear closed-toed shoes
- ◆ All volunteers must attend an orientation (including informational video on therapeutic riding)

All volunteers must have the ability to multi-task and to work independently with little or no direct supervision. Horses can be unpredictable and volunteers need to be able to react in a timely and appropriate manner to insure the safety of themselves, others and the horse. Volunteers are taught to be aware of potential safety hazards and bring them to the attention of an instructor or staff person. SYVTRP reserves the right to

**I have read the above and understand my responsibilities as a volunteer. I also understand that I am responsible for contacting SYVTRP when my schedule changes. I am going to commit to 8 weeks of lesson at a time and confirm or change my day/time at the session break.**

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed Volunteer Name