



Date Filled Out: _____

Volunteer Information 2023

Name: _____ Please ID phones & e-mail, such as "work" or "mom's cell"
Phone: (____) _____

Address: _____ Phone: (____) _____

City: _____ E-mail: _____

State: _____ Zip: _____ County: _____

Age: _____ Date of Birth: _____ Height: _____

Preferred Pronoun: He/Him She/Her They/Them

Preferred Method of Contact: _____

How did you hear about the program: _____

How would you like to help? (please check all applicable areas)

<input type="checkbox"/> Side walker	<input type="checkbox"/> Barn help	<input type="checkbox"/> Cleaning Facility
<input type="checkbox"/> Leader	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Horse Handler	<input type="checkbox"/> Cleaning Tack	<input type="checkbox"/> Bd. of Directors

When are you available to help? Our lessons normally fall between 8am and 8pm. We request that you commit to volunteering for at least one lesson (**the same time each week for the whole session**), in order to provide consistency for our E.E. riders.

Please **list all possible time frames** in which you are available, so that we can match you with one of our clients. We will contact you to verify that your assigned time will work for you. (For example, you might write: *Mondays: 9:00 am-1:00 pm or 4:00 pm-8:00 p.m.*)

Mondays: _____

Tuesdays: _____

Wednesdays: _____

Thursdays: _____

Fridays: _____

Saturdays: _____

Would you do more than one lesson, back-to-back? _____

Is there a specific client with whom you'd like to work? _____
(We will do our best to keep existing rider/volunteer teams in place.)

May we call on you as a substitute volunteer? (You may decline when asked) Yes No

I would like additional training in this area: Leader Barn Help Horse Handler

THANK YOU!

Please return forms to:

Exceptional Equestrians 785 Yellow Finch Lane Washington, MO 63090

andrea@eemv.org (636) 390-2141

Annual Training EF Scanned

Exceptional Equestrians of Missouri Valley, Inc.

785 Yellow Finch Lane Washington, MO 63090-1384 636-390-2141

VOLUNTEER RELEASE AND INDEMNIFICATION AGREEMENT

I, the undersigned, hereby consent to assume the risk of my volunteer participation of the horsemanship program sponsored by Exceptional Equestrians of the Missouri Valley, Inc., which is located at 785 Yellow Finch Ln. I acknowledge and understand that despite reasonable safety precautions, horsemanship experiences can result in injury and even death. **Under Missouri 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 pursuant to the revised statutes of Missouri.** I do hereby forever release, acquit, discharge and hold harmless Exceptional Equestrians of the Missouri Valley, Inc., their owners, officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program and the successors and assigns of each them on account of any personal injuries, physical or mental condition, known or unknown to myself and the treatment thereof, as a result of, or in any way growing out of acts of omission of said parties in connection with said activities or in any way incidental thereto.

*Signature _____

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to Exceptional Equestrians of the Missouri Valley, Inc. permission to take or have taken, still and moving photographs and films including television pictures of myself and I consent and authorize Exceptional Equestrians of the Missouri Valley, Inc. and the Professional Association of Therapeutic Horsemanship International and its advertising agencies, news media and any other persons interested in Exceptional Equestrians of the Missouri Valley, Inc. and its work to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limiting the generality of the foregoing : newspapers, television media, brochures, pamphlets, instructional materials, books, the internet (including Facebook) and clinical material. With regard to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of Exceptional Equestrians of the Missouri Valley, Inc. to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding Exceptional Equestrians of the Missouri Valley, Inc. and PATH INT'L.

CONSENT *Signature _____

ONLY SIGN BELOW IF YOU DO NOT WANT YOUR PHOTO TAKEN

NON- CONSENT *Signature _____

EXCEPTIONAL EQUESTRIANS RELEASE AND HOLD HARMLESS AGREEMENT

WARNING...UNDER MISSOURI 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 PURSUANT TO THE REVISED STATUES OF MISSOURI. The undersigned assumes the unavoidable risks inherent in all horse related activities included to but not limited to bodily injury and physical harm to horse, rider, and spectator. In consideration, therefore, for the privilege of riding and /or working around horses at Exceptional Equestrians, located at 785 Yellow Finch Road, Washington, Missouri, the Undersigned does hereby agree to hold harmless and indemnify Exceptional Equestrians and further releases them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises.

*Signature _____

VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required for myself due to illness or injury during the process of volunteering or while being on the property of the agency, I authorize Exceptional Equestrians of the Missouri Valley, Inc., staff, and/or volunteers to secure and retain medical treatment and transportation if needed and to release my records upon request to the authorized individual or agency involved in the medical emergency treatment. I also authorize my licensed physician and/or medical facility to provide any medical/surgical care for me which they determine necessary or advisable. This authorization includes x-ray, anesthesia, surgery, hospitalization, medication and any treatment procedure deemed "life and limb or organ saving" by the physician. This provision will only be invoked if a parent or guardian (if applicable) is unable to be reached. *

Signature: _____

Volunteer _____ Birth _____

Phone (H) _____ (W) _____ (Cell) _____

Address _____ City _____ State _____ Zip _____

Guardian _____

Phone (H) _____ (W) _____ (Cell) _____

Emergency Contact _____

Phone (H) _____ (W) _____ (Cell) _____

Physician name _____ phone _____

Physician address _____ City _____ State _____ Zip _____

Preferred Medical Facility _____ phone _____

Facility Address _____ City _____ State _____ Zip _____

Health Insurance Company _____ Policy # _____ Group # _____

Your signature below indicates you have read and understand ALL segments of this document.

Volunteer signature _____ Date _____

Guardian signature _____ Date _____

*** Please sign each portion of this document to verify that you have read every section.**

Exceptional Equestrians Client Confidentiality Policy

Participants in the Exceptional Equestrians program have the right to confidentiality of their medical conditions, progress, behavior and participation at the facility. No identifying information about clients may be released in pictures, writing or conversation by staff or volunteers without written consent of the client, parent, or guardian. Clients and Volunteers must sign a photo release for Exceptional Equestrians to use audio-visual information for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the facility.

I understand that all client records at Exceptional Equestrians are confidential. I will not discuss any or part of these records with anyone other than my supervisor at Exceptional Equestrians.

Signature

Date

COVID 2022 UPDATED RELEASE

COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES
AS OF 15 APRIL 2020 - REQUIRED FOR ALL STAFF, CONTRACTORS, VOLUNTEERS,
CLIENTS, and CLIENTS support people.

I, _____ am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Exceptional Equestrians of the Missouri Valley, Inc (EEMV), attending an event; and/or involved with direct services from EEMV during the time of a pandemic outbreak, and /or Missouri Governor's or Franklin County's declaration of a "stay-at-home" order(s).

I am aware that direct services and experiences increase the risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless EEMV and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization.

I agree to and will follow all CDC guidelines for personal hygiene, personal safety and public safety as recommended by EEMV as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer frequently and upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves. Maintaining 6-foot social distancing as much as possible is strongly recommended. Wearing a facial mask is required when in the EE facility, unless client's diagnosis prevents them from doing so safely.

I agree to stay home and cancel my services should I personally exhibited or have been in contact with someone who exhibited COVID-19 symptoms within the previous 14 days, including; cough, sneezing, headache, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will notify EEMV if I exhibit symptoms, test positive for COVID-19, or are in contact with some who exhibits symptoms or tested positive for COVID-19 If any of these conditions exist I will contact EEMV about potential non-direct services.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from EEMV

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.

SIGNATURE: _____ DATE: _____

IF SIGNING ON BEHALF OF CLIENTS, PLEASE PROVIDE NAME(S) OF ALL THIS APPLIES FOR:

CHECK HERE IF YOU HAVE TESTED POSITIVE FOR COVID-19 AND RECOVERED

CHECK HERE IF YOU HAVE RECEIVED THE COVID-19 VACCINATION