

Saddle Up Riding Club, Inc.

6080 94th Ave, Pinellas Park, FL 33782

Phone: 727-520-3132

Website: SaddleUpRidingClub.org

Email: volunteer@saddleupridingclub.org

Volunteer for:

NARHA

HORSES FOR HEROES

Pinellas Park

Safety Harbor

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Volunteer Information Form

Check off those that apply

Please print clearly in black or blue ink only

Name: _____ Date of Birth: ___/___/___ Male Female

Mailing Address: _____ City: _____ State: ___ Zip Code: _____

County: _____ Ethnicity: Asian / Black / Hispanic / White

Telephone: Home: () _____ Work: () _____ Cell: () _____

E-Mail Address: _____

Name of Employer/School: _____

Occupation: _____

How did you hear about Saddle Up Riding Club: _____

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: _____

Are you currently First Aid Certified? Yes No CPR Certified? Yes No

Have you completed any first aid/rescue breathing/CPR training: _____

What are your strengths, special talents, or abilities: _____

What are your weaknesses: _____

Can you walk for 30 minutes and jog for short distances? Yes No

Can you hold your arm above shoulder height and support a modest weight? Yes No

Are you comfortable working or walking around horses/ponies? Yes No

Please specify what type of experience you have had with horses or ponies _____

VOLUNTEER HISTORY

Indicate the reason you are seeking a volunteer position (check all that apply):

___Personal fulfillment ___School requirement ___Community service requirement ___Skill development

List your past volunteer activities and the name(s) and telephone numbers of the volunteer supervisor: _____

Saddle Up Riding Club, Inc.

Volunteer Release Form – please write clearly in ink.

Participant Full Name: _____ **Date of Birth:** _____

UNCONDITIONAL GENERAL RELEASE

WARNING-UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR 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.

I, _____, a participant, client, volunteer, or student or the legal guardian of a participant, client, volunteer, or student (“Participant”) in a program, event, or activity taking place under the sponsorship of or at the facilities of Saddle Up Riding Club, Inc., a Florida not for profit corporation (“Saddle Up”), hereby give consent and approval to the participation of Participant in any and all programs, events, or activities taking place under the sponsorship of or at the facilities of Saddle Up (“Activities”).

I fully understand that my decision to be a Participant, or to allow such person named above to be a Participant, poses risks of personal injury, property damage, death and/or other loss that may arise while participating in the Activities. I assume all risk and hazards incidental to the conduct of the Activities as well as transportation to and from all Activities.

In consideration of Participant’s being allowed to participate in the Activities, on behalf of Participant, Participant’s heirs, personal or legal representatives, successors and assigns, I hereby irrevocably and unconditionally release, and covenant not to sue Saddle Up, Park Ranch and Arianna LLC, the City of Pinellas Park, and each of Saddle Up and the City of Pinellas Park’s owners, directors, officers, employees, agents, independent contractors, representatives, attorneys, successors, and assigns, and all persons acting by, through, under, or in concert with, any of them (collectively “the Releasees”), from any and all claims or causes of action whatsoever, in law or in equity, whether known or unknown at this time, based on any action, cause or thing occurring on, prior to, or following the date hereof, and, in particular, without limiting the generality of the foregoing, all claims arising out of or relating to the Activities, even if such liability or damage results from the sole negligence of the Releasees.

I hereby authorize the Releasees to act in their discretion on behalf of Participant in providing, requesting, or authorizing the provision of emergency medical services (“Emergency Services”). I acknowledge full responsibility for any charges associated with the rendering of any and all Emergency Services, and I indemnify the Releasees from any and all claims, expenses, or other charges related to their decision to provide or to not provide Emergency Services.

I understand and agree that this document shall be construed according to the laws of the State of Florida, and that this Unconditional General Release shall be as broad and inclusive as is permitted by the laws of the State of Florida. If any portion of this document is held to be invalid or of no force or effect, I agree that the balance shall continue in full force and effect.

This Unconditional General Release shall be immediately effective upon its execution.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. DATED this _____ day of _____ 20____.

Date: _____

Applicant’s Signature

Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Confidentiality and Photo Release

I agree that as a Saddle Up Riding Club, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photographs of riders are prohibited. As a volunteer, I hereby consent to and authorize the use and reproduction by Saddle Up Riding Club, Inc. of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

_____ Date: _____

Applicant's Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of receiving services, or while being on the property of the agency, I authorize Saddle Up to secure and maintain medical treatment and transportation, if needed.

Volunteer Name: _____ **Phone:** _____

In case of emergency, Contact: _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Please check one option listed below:

() I give 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. 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 below is unable to be reached.

() I do not give 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: _____

Applicant's Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

Authorization to Release Information

Current Driver's License: Yes No License #: _____ State: _____

I, _____, authorize Saddle Up Riding Club, 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 the 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 a volunteer, and that I expressly DO NOT authorize Saddle Up to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Date: _____
Applicant's Signature

Date: _____
Signature of Parent/Guardian (if under 18 years of age)

Personal references are REQUIRED for all Saddle Up volunteers. Each personal reference must be at least 18 yrs of age and a non-family member. Teachers, co-workers, guidance consolors, pastors, family friends, etc. are recommended options for each reference. Saddle Up requires a Letter of Recommendation written by each personal reference given. Templates for letters of recommendation are available on the Saddle Up website.

Personal References

1. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Years known: _____ Relationship to applicant: _____

2. Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email: _____
Years known: _____ Relationship to applicant: _____

APPLICANT DISCLOSURE AFFIDAVIT

(Please read carefully)

Saddle Up riding Club, Inc. screens all prospective volunteers to evaluate whether an applicant poses a risk of harm to our staff, clients, volunteers and horses. Information obtained is not an automatic bar to volunteering, but is considered in view of all relevant circumstances. Volunteers marking “yes” to any of the below listed items will be asked to provide extra information (medical, court, probation, etc). This disclosure affidavit is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK ONLY

Full Name: _____

Current Driver’s License: Yes No License #: _____ State: _____

The undersigned applicant affirms that **I HAVE NOT** at **ANY TIME** (whether as an adult or juvenile):

Initial answer under “yes” or “no” and provide brief explanation for a “yes” answer

YES NO

_____ Pledged guilty to (whether or not resulting in a conviction):

_____ Pledged nolo contendere or no contest to: _____

_____ Admitted: _____

_____ Had any judgment or order rendered against me (whether by default or otherwise): _____

_____ Entered into any settlement of an action or claim of: _____

_____ Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of: _____

_____ Been diagnosed as having or been treated for any mental or emotional condition arising from: or

_____ Resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction): _____

YES NO

- _____ Any Felony.
- _____ Rape or other sexual assault.
- _____ Drug or alcohol related offenses.
- _____ Abuse of a minor or child, whether physical or sexual.
- _____ Incest.
- _____ Kidnapping, false imprisonment, or abduction.
- _____ Sexual harassment.
- _____ Sexual conduct with a minor.
- _____ Annoying/molesting a child.
- _____ Lewdness and/or indecent exposure.
- _____ Lewd and lascivious behavior.
- _____ Obscene literature.
- _____ Assault, battery or other offense.
- _____ Endangerment of a child.
- _____ Any misdemeanor or other offense classification involving a minor or to which a minor was a witness.
- _____ Unfitness as a parent or custodian.
- _____ Removing children from a State or concealing children in violation of a law or court order.
- _____ Restrictions or limitations on contact or visitation with children or minors.
- _____ Similar or related conduct, matters or things.
- _____ Accusation of any of the above.

Explanations (Descriptions and Dates): _____

_____ Date: _____

Applicant's Signature

_____ Date: _____

Signature of Parent/Guardian (if under 18 years of age)

_____ Date: _____

Witness Signature

(Witness needs to be a non-family member or Saddle Up staff member)

SADDLE UP RIDING CLUB, INC.
NEW VOLUNTEER FEEDBACK FORM

WELCOME to the C.A.S.T.! Thank you for participating in Saddle Up Riding Club, Inc.'s Volunteer Training. We understand that Volunteer Training provides you with an immense amount of information in a very short time. Please feel free to contact your Volunteer Training Instructor if you have any questions at () _____. Your Volunteer Training Manual is to help in training and is also an excellent source of reference.

We want your volunteer time at Saddle Up Riding Club, Inc. to be rewarding and enjoyable. Please take a few moments to complete the bottom of this page. This will give our instructors an idea of your comfort level as a new volunteer.

Thank you!

Important reminder: YOU are what makes our program possible. Our instructors and students count on your assistance.

Class Times: _____ **Instructor:** _____

VOLUNTEER FEEDBACK FORM

Volunteer Name: _____ Over 18: Y N / 14-18 Y N / 10-13 Y N

Day Phone: _____ Evening Phone: _____

Volunteer Day(s): _____ Class time(s) _____

Please rate the following:

1. I am comfortable getting the horse from his stall or pasture and leading him into the crossies:
YES NO
2. I am comfortable grooming and know the correct way to groom:
YES NO With minimal assistance
3. I feel I can correctly tack up a horse English and/ or Western (please circle):
YES NO With minimal assistance
4. I am comfortable as a side walker and I feel I can safely walk with a student for 30 minute lesson with occasional trotting: YES NO
5. I am comfortable leading a horse in a 30 minute lesson. I feel I can safely control the horse at the walk and trot and also keep the horse quiet and under control during mounting and dismounting procedures: YES NO
6. I am interested in receiving additional volunteer training: YES NO
7. I am a competent rider and am interested in receiving more information about the Exercise Program C.A.S.T.: YES NO
8. I am interested in receiving additional information about the Equine Management C.A.S.T.: YES NO

“Saddling Up” to make a difference for persons with disabilities

Letter of Recommendation

Prospective Volunteer Name: _____

Saddle Up Riding Club, Inc. is a non-profit 501c3 volunteer based of life. Saddle Up Riding Club, Inc. therapeutic equestrian center provides the highest quality therapeutic horseback riding and related activities to all those who can benefit. Our clients are from a wide range of ages with various physical, emotional and cognitive disabilities. Volunteers assist in a variety of activities including but not limited too: cleaning stalls, handling horses, working with clients on and off the horses during lesson times.

Name: _____ Phone: _____

E-Mail Address: _____

How long have you known this person: _____

In what aspect do you know this person: _____

Do you feel this person works well with children? Yes No

Do you feel this person would have the level of patience required for working with individuals with disabilities? Yes No

Do you feel this person would be able to work around horses? Yes No

Volunteers are asked to commit to a day/time for each riding session throughout the year; do you feel that this person would be dedicated to our program and capable of offering such commitment? Yes No

Would you recommend this person as being a suitable volunteer for our therapeutic riding program, please explain: _____

Signature: _____ Date: _____

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“Saddling Up” to make a difference for persons with disabilities

WARNING

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RELEASE AND HOLD HARMLESS AGREEMENT

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

IN CONSIDERATION, therefore, for the privilege of riding and working around horses at SADDLE UP RIDING CLUB, INC. The Undersigned does hereby agree to hold harmless and indemnify KELLIE AND JEFF SIPOS OR THE OWNER OF ANY HORSE USED BY THE SADDLE UP RIDING CLUB, INC and PARK RANCH AND ARIANNA LLC and release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Saddle Up Stables, Pinellas Park, FL.

Date _____

Participant's printed name and address _____

Phone number _____

Signature _____

Parent's Signature required if under 18 _____

"Saddling Up" to make a difference for persons with disabilities