



Volunteer Application

Heartland Horses Equine Activities & Learning, Inc. is a non-profit organization which provides equine activities to significantly improve the lives of children & adults with mental, physical, behavioral, &/or developmental challenges. We are located at 4305 Independence Street, Avon Park, Florida. Our program relies solely on the service of our dedicated volunteers, ages 13 and up. We thank you for your interest & look forward to you becoming a part of what we do for our community.

Please complete all the attached forms. If the volunteer is a minor, a parent or guardian must sign all of the releases. We do not anticipate any emergencies, however due to the nature of our program and having contact with the horses we must have this form completed. Background checks will be administered on all volunteer applicants. Thank you for your cooperation and for volunteering your time and efforts.

In order to be more efficient in communication with our volunteers and save on postage, we would like to add your email address to our database. We use this information only to send updates, news, and other pertinent information, related to HHEAL & is never shared with anyone outside of our organization.

Please complete the following (PRINT ONLY PLEASE):

Name: _____ Date: _____

E-mail Address: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Have you ever been convicted of a Felony: Yes No

Emergency Contact:

Name: _____ Relationship: _____

Phone number: _____ Alternate phone: _____

Please tell us how you prefer to spend your time while volunteering:

Therapy Sessions: ___ Grooming /Tacking ___ Leading Horse ___ Side walker ___ Assisting Clients/Helmets ___ Gates

Session Day/Time: ___ Tuesday Morning ___ Wed Morning ___ Wed Afternoon ___ Thursday Morning ___ Saturday Morning

Horse Care: ___ Feeder 6-8AM ___ Feeder 3:30-6PM ___ Exercise/Conditioning ___ Grooming/Bathing/Clipping

Maintenance ___ Cleaning Stalls ___ Equipment Maintenance ___ Grounds Maintenance

Office Duties: ___ Office Assistance ___ Special Events/Fundraisers ___ Newsletter

Day/Time Available: _____



LIABILITY RELEASE

I, _____ forever release, acquit, discharge, and hold harmless Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, representatives, volunteers, successors, and assigns, for all manner of claims, demands, and damages of every kind of nature whatsoever the undersigned may now, or in the future, have against Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, volunteers, representatives, successors, or assigns on account of any personal injuries, mental or physical condition, known or unknown, to the person, and treatment thereof, as a result of, or in any way growing out of the acts including negligence or gross negligence of Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, representatives, volunteers, successors, or assigns.

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. _____

PHOTO RELEASE

I, _____ hereby consent to and authorize the use and reproduction by Heartland Horses Activities & Learning, Inc. of any and all photographs or other audio visual materials taken of me/the minor for whom I have signed for the promotional material, educational activities, exhibitions or any other use for the benefit of the program. _____

CONFIDENTIALITY RELEASE

I, _____ understand the confidentiality & sensitivity of the participants, their family, & personal & medical information of the participants, volunteer & staff members of HH. _____

EMERGENCY MEDICAL TREATMENT RELEASE

I, _____ in case of emergency authorize Heartland Horses Equine Activities & Learning, Inc. to obtain medical treatment for me/minor for whom I have signed _____

I have read and fully understand this liability release. I have received & read the HHEAL Handbook.

Volunteer Signature

Date

Parent/Guardian Signature (if volunteer is a minor)

Date



Volunteer Procedure Manual & Barn Rules

- In order to participate in ANY activity, signed Liability Release Forms & formal Volunteer Training are MANDATORY.
- No Running or yelling in the barn
- No Hand feeding horses
- Absolutely no smoking, vapor or tobacco on premises.
- No riding without HHEAL Staff permission &/or a helmet.
- Always use halters and lead rope to ground handle horses
- Do not use tractor or lawn equipment without permission from HHEAL Staff.
- Do not feed horses without approved formal training from HHEAL Staff.
- No volunteer staff permitted in the office after hours without HHEAL Staff or approval.

I have read Heartland Horses Equine Activities & Learning, Inc.'s Volunteer procedure manual & watched applicable ground handling videos. I agree to attend formal Volunteer Trainings, follow all rules & procedures & understand that they may be changed at any time by HHEAL Staff in order to maintain a safe work environment.

Printed Name

Signature

Date



Additional Information

Heartland Horses Activities & Learning, Inc. does not require any previous horse experience.

You will be trained!

How did you hear about us: _____

Previous Horse Experience: Yes No Previous Experience with children/adult with disabilities: Yes No

Type of Experience with position volunteering : _____

Professional Qualifications Held: _____

Certifications Held: _____

Are you interested in obtaining certifications: Yes No

Physical Limitations: _____

Comments or suggestions: _____



Volunteer Feedback

Date: _____ Volunteer: _____

Volunteer Job Desired Job(s):

Volunteer Job Responsibility:

Accomplishments:

Future Goals/Suggestions:

Heartland Horses Staff Signature Date

Volunteer Signature Date