



# 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.

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Printed Name

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Signature

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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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_