



HEC Hooves of Joy, Inc.
Therapeutic Horsemanship Center
65395 Highland Road - Ashland WI, 54806
PH: 715.208.0146 hechoovesofjoy@gmail.com



Volunteer/Staff Application Form

Name: _____

Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Parents/Guardian(s): _____

Parent/Guardian Contact Phone #/Email: _____

Liability Release (REQUIRED)

In return for being allowed to use the HEC HOOVES OF JOY, Inc. Therapeutic Horsemanship Program, including its facilities, horses and equipment, where applicable for horseback riding and other horse related activities, I/my son/my daughter/ my ward (Volunteer/Staff Name) agree to abide by all the rules and regulations of HEC HOOVES OF JOY, Inc. now in effect or later adopted. In addition, I hereby agree to assume all responsibility and risk from my/my son/my daughter/my ward's participation in activities of HEC HOOVES OF JOY Inc. I further agree to hold HEC HOOVES OF JOY, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees free and harmless from all damages or liability for any injury to person or property arising as a result of the use of facilities, horses and or equipment owned or leased to HEC HOOVES OF JOY, Inc., including any injury caused by their negligence.

I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless HEC HOOVES OF JOY, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

Signature/Print: _____ Date: _____

Volunteer or Staff Over Age 18, Parent or Guardian



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Volunteer/Staff Information Form and Health History

General Information

Name:

_____ Date: _____

Address:

DOB:

Phone: _____

Employer/School:

Employer/School Address:

Parent/Legal Guardian/Caregiver Name/Address/Phone: _____

How did you hear about the program?

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + -- Date: _____

(Consult your physician or local health department if you're not up to date with these tests/shots)

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: _____



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Check Volunteer Areas in Which You Are Interested:

Program

- Horse Handling _____
- Sidewalking with a Student _____
- Stable Management _____

Facility

- Facility Repairs _____
- Groundskeeping _____

Special Events

- Horse Shows _____
- Fundraising _____
- Special Olympics _____
- Trail Rides _____

Administration

- Public Relations _____
- Grant Writing _____
- Newsletters _____
- Volunteer Recruitment _____
- Photography/Video _____
- Budget & Finance _____
- Future Planning _____

I understand that the information provided above is accurate to the best of my knowledge. I am unaware of any reason why I should not participate in the Center's program.

Signature: _____ Date: _____



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Volunteer/Staff Information Consent and Release Form

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Photo Release

I DO _____

I DO NOT _____

consent to and authorize the use and reproduction by HEC Hooves of Joy, Inc. of any and all photographs and any other video/audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other uses for the benefit of the program.

Signature: _____ Date: _____

Background Information (required by all volunteers)

Have you ever been convicted of a crime? Y / N Please explain _____

I, _____ (Volunteer/Staff), authorize **HEC Hooves of Joy, Inc** (PATH Intl.Center) to receive any information from any law enforcement agency, including Police and Sheriff departments, of this state and any other state or federal government, to the extent permitted by the state and federal law, pertaining to any conviction I may have had for violations of state or federal criminal laws, including but not limited to conviction for crimes committed upon children, adults, or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and I expressly DO NOT authorize the PATH Intl. Center its directors, officers, employees or other volunteers to disseminate this information in any way to another individual, group, agency, organization or corporation.

Signature: _____ Date: _____
 (Volunteer/Staff)

CURRENT DRIVER'S LICENSE Y / N License Number: _____ ST _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this PATH Intl. Center is confidential and will not be shared with anyone without the expressed written consent of the participants and his/her parent/guardian in the case of a minor.

Signature: _____ Date: _____