



Date \_\_\_\_\_

### Northland Therapeutic Riding Center Volunteer Information Sheet

First and Last Name: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Current student: Y N Where: \_\_\_\_\_

Currently Employed: Y N Where: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you send/receive text messages? Y N

E-mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

CPR/First Aid Training? Y N Consent to background check? Y N (\*See Page 3)

How did you learn about NTRC? \_\_\_\_\_

#### 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 Northland Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

In the event I cannot be reached:

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physicians name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies: \_\_\_\_\_

#### Consent Plan

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 above cannot be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

#### OR Non-Consent Plan

I DO NOT give my consent for emergency medical treatment in the case of illness or injury during the process of providing volunteer services while being on the property of the agency. PLEASE ATTACH A WRITTEN DESCRIPTION OF THE EMERGENCY PROCEDURE THAT YOU WISH US TO FOLLOW, SIGNED BY THE VOLUNTEER, PARENT OR GUARDIAN.

Date: \_\_\_\_\_ NON-Consent Signature: \_\_\_\_\_

Please List any medical conditions that could affect you while you are at NTRC. This information will be kept confidential and will only be used for medical emergencies.



Date \_\_\_\_\_

### Northland Therapeutic Riding Center

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**\*\*\*IF YOU HAVE A MEDICAL CONDITION,  
A COMPLETE MEDICAL HISTORY SHOULD BE ATTACHED\*\*\***

I would like to volunteer as a(check one or more)

\_\_\_\_ Horse Leader (horse experience needed)

\_\_\_\_ Side Walker (no horse experience needed)

\_\_\_\_ Horse Handler (horse experience needed)

While not required for all volunteer positions, please describe any previous horse experience:

\_\_\_\_\_  
\_\_\_\_\_

I would be interested in helping with one or more of the following:

\_\_\_\_ Volunteer Committee (volunteer outreach committee) \_\_\_\_ Office assistance

\_\_\_\_ Fundraising \_\_\_\_ Work days/Building projects \_\_\_\_ Photography

\_\_\_\_ I hereby acknowledge that I have been trained to volunteer as a leader/side walker for therapeutic riding. I understand my responsibilities and that I am expected to show up on the day and time to which I have agreed.

\_\_\_\_ I have read and understand the volunteer handbook.

\_\_\_\_ If I cannot come at my appointed day/time, I will call before noon **816-808-1106**

#### Liability Waiver

\_\_\_\_ I acknowledge the risk and potential risk associated with the work involved with therapeutic riding. I hereby, intending to be legally bound, waive and release forever all claims for damages against Northland Therapeutic Riding Center, its Board of Directors, Instructors, Therapist, and/or Employees for any and all injuries and/or losses I may sustain while participating in events and activities at NTRC.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Under Missouri law**, an equine activity sponsor, an equine professional, a livestock activity sponsor, a livestock owner, a livestock facility, a livestock auction market, or any employee thereof is not liable for an injury to or the death of a participant in equine or livestock activities resulting from the inherent risks of equine or livestock activities pursuant to the Revised Statutes of Missouri.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Date \_\_\_\_\_

## Northland Therapeutic Riding Center

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#### Confidentiality

\_\_\_ I will adhere to the confidentiality policy of NTRC, which states, in part, that all client information will remain confidential. This also restricts the use of photographs of clients (and volunteers) without express permission.

**Signature (Parent/Guardian if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

To help in our fundraising efforts, NTRC would like to contact your employer. Please complete the following: Employer's Name and Phone: \_\_\_\_\_ OK to contact \_\_\_\_\_

#### Photo Release

\_\_\_ I hereby consent to and authorize the use of reproduction by NTRC of any and all photographs and any other audio/visual materials taken of me for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

\_\_\_ I do not consent to the use of photographs or audio/visual materials taken of me for any use by NTRC.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Northland Therapeutic Riding Center**  
**VOLUNTEER BACKGROUND SCREENING**

Northland Therapeutic Riding Center requires volunteers 18 and over to undergo a background screening. This screening is conducted by Background Info USA, a company recommended by NTRC's insurer. Each screening costs \$10, which is to be paid by the volunteer.

The process is that NTRC provides the volunteer's name and email address to Background Info USA. They will then email the volunteer directly to gather additional information and consent for the background screening. We ask that you promptly respond to the email so as not to delay completion of the screening.

The screening includes a search of the National Criminal Database, National Sex Offender Database and OFAC.

The results of the screening are reported to NTRC and the volunteer.

- I consent to have a background screening performed and the results reported to Northland Therapeutic Riding Center**
- I DO NOT consent to have a background screening performed and the results reported to Northland Therapeutic Riding Center and I understand this disqualifies me from volunteering**
- I am under 18 years of age**

**Signature (Parent Guardian if under 18)** \_\_\_\_\_

**Date** \_\_\_\_\_

- \$10 fee is paid