



Northland Therapeutic Riding Center Volunteer Information Sheet

Date: _____

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 5)

How did you learn about NTRC? _____

AVAILABILITY

Circle your availability or write in specific times

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Additional details regarding volunteer availability:



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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: _____

Physician's 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 "lifesaving" 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.



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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 have read and understand the volunteer handbook.

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

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

Volunteer Committee (volunteer outreach committee)

Office assistance

Event Assistance

Event Committee

Landscaping

Building projects

Photography



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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.

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.

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.

Employer Contact:

_____ Okay to contact employer: To help in our fundraising efforts, NTRC would like to contact your employer. Please complete

the following: Employer's Name and Phone: _____

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.

If under 18 need parent or Guardian's signature below.

Signature: _____ Date: _____



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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