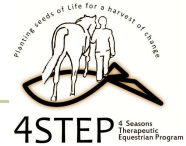


4STEP Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	<input type="checkbox"/> ok to call
E-Mail Address	<input type="checkbox"/> ok to use email instead of snail mail

Personal Information

Age	(must be 14 years or older)
Educational Background	Please list schools and majors/focuses, if applicable
Previous Horse Experience	Please describe
Birthday	
Driver's License #	*Not optional. Please understand that safety for our participants is our number one priority. Your driver's license number will be run through the police system.
Something interesting about you.	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Please note how many days a week, # of hours at each volunteer session you are able to serve, etc.

Specific Information of which we should be aware

Interests

Tell us in which areas you are interested in volunteering

- Administration/Office
- Fundraising - Planning
- Fundraising - Events
- Working with participants
- Barn/Farm work
- Community Liaison
- Grant writing
- Volunteer coordination
- Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Handbook and Signature

By signing below, I affirm that I have received, read and understand the volunteer handbook. I understand the purpose of 4STEP and agree to follow the standards, policies and instructions of those in charge.

Name (printed)	
Signature	
Date	

4STEP'S RELEASE AND HOLD HARMLESS AGREEMENT

Volunteer name: _____

Parent/Guardian name: _____

Full Address _____

Phone Number _____ E-mail _____

Emergency Contact name: _____ Phone: _____

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in working with and around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and human can be injured in normal use or in competition, schooling, and other equine activities ;

IN CONSIDERATION, therefore, for the privilege of working with and around horses at 4 SEASONS THERAPEUTIC EQUESTRIAN PROGRAM, INC, and FOUR SEASONS EQUESTRAIN CENTER, INC, the Undersigned does hereby agree to hold harmless and indemnify 4 SEASONS THERAPEUTIC EQUESTRIAN PROGRAM, INC and FOUR SEASONS EQUESTRIAN CENTER and further release then from any liability or responsibility for accident, damage, injury, illness, or death to the Undersigned or to any family member or spectator accompanying the Undersigned while on the premises of 4 SEASONS THERAPEUTIC EQUESTRIAN PROGRAM, INC and FOUR SEASONS EQUESTRIAN CENTER and that except in the event of this stable's gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against this stable for any economic and non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the premises and operations of this stable, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of this stable.

I have read and do understand the above warnings, releases, and waivers.

Volunteer/Parent/Guardian signature: _____ Date _____

4STEP occasionally takes photographs/video of participants/volunteers for marketing and public relation opportunities. Please initial the appropriate statement.

____ I give 4STEP my permission to use any photograph with my likeness (or any child's for whom I might be responsible) for promotional or advertising purposes.

____ I do not give 4STEP my permission to use any photograph with my likeness (or any child's for whom I might be responsible) for promotional or advertising purposes.

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of 4STEP, I authorize 4STEP to

1. Secure and retain medical treatment and transportation if needed for the participant stated above
2. Release participant records upon request to the authorized agency involved in the emergency medical treatment.

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(s) above is unable to be reached.

Date: _____ Consent Signature: _____
Parent or Legal Guardian

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services, or while on the property of 4STEP. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
Parent or Legal Guardian