



Volunteer Application

Name: _____ DOB: _____ (must be 14 or older)

Address: _____ City: _____ State: _____ ZIP: _____

Phone: (H) _____ (C) _____

Email: _____ Please like us on Facebook for updates and photos.

How many hours per week would like to volunteer? _____

A weekly commitment and a minimum of 15 cumulative service hours are required.

Indicate your availability:

- ☐ Mondays from _____ to _____
- ☐ Tuesdays from _____ to _____
- ☐ Wednesdays from _____ to _____
- ☐ Thursdays from _____ to _____
- ☐ Fridays from _____ to _____
- ☐ Saturdays from _____ to _____

For Internal Use

Orientation date: _____

Placement: _____

Indicate all your areas of interest:

- ☐ **Side walker**
 - assist children with disabilities during horseback therapies
 - training is provided; no experience is necessary
- ☐ **Horse leader**
 - Must be knowledgeable and proficient in the following:
 - Halter
 - Lead rope
 - English tack
 - Western tack
 - Grooming tools
 - Must know how to:
 - Halter a horse
 - Saddle
 - Lead (showing basic maneuvers such as backing and pivoting)

Other opportunities:

- ☐ Office assistance with answering phone, greeting visitors, and filing
- ☐ Facilities assistance with cleaning and maintenance
- ☐ Special events help

Describe any relevant experience with horses and/or with individuals with disabilities:

Send application to info@exceptionalequestrians.org or Exceptional Equestrians, 1130 Orlando Dr., De Pere, WI 54115. Upon receipt, you will be contacted for orientation and scheduling.



In the event of an emergency, please contact:

Name: _____

Phone: _____

Name: _____

Phone: _____

Volunteer Liability Waiver

I _____ have agreed to participate in the Country Kids, Inc. and/or Exceptional Equestrians Company equine-assisted therapy program as a volunteer. I have been oriented to the facility safety policies and procedures, and am in receipt of a volunteer handbook. I understand that by electing to engage in activities involving horses, I do not hold Country Kids, Inc. or Exceptional Equestrians Company liable for any injury to me that may occur due to an unexpected incident. I have read and understand WI statute 895.481(1)(e).

Signature of Volunteer

Date



Confidentiality Policy

Exceptional Equestrians Company shall preserve the right of confidentiality for all individuals participating in its programs. All staff, volunteers and Board of Director members shall keep confidential all medical, personal, social, referral and financial information regarding a person and his/her family. This policy shall apply to all persons during and after employment or volunteer commitment. Anyone who is employed by, volunteers for, or provides services to Exceptional Equestrians Company is bound by this policy. This includes but is not limited to:

- Full and part-time employees
- Independent contractors
- Temporary employees
- Volunteers
- Board members

Procedures for adhering to this confidentiality policy shall follow HIPAA guidelines for protection of personal health information. All employees, contractors, volunteers and board members shall be in-serviced on HIPAA policy and procedures before working with clients. Procedures for protecting personal health information and ensuring confidentiality include but are not limited to:

- Medical record access shall be limited to those individuals working directly with clients.
- Medical records shall be stored in a secure area.
- Information from medical records shall not be shared with individuals not directly involved in the care of such client.
- Medical records shall not be removed from premises.
- Personnel stated above shall not discuss client information randomly. Information such as treatment planning or case review shall be discussed in a secure area at designated times.
- Personnel stated above shall not discuss client information outside the premises.
- Phone conversations regarding personal health information (i.e. discussion with physician) shall be conducted in a private area.

Results of breaching this policy may include:

- Formal reprimand
- Loss of certain job responsibilities
- Loss of credit hours
- Termination
- Dismissal from the Board of Directors

I understand and will observe the confidentiality policy of Exceptional Equestrians Company.

Name: _____

Signature: _____

Date: _____

Company representative/witness: _____



Photography Release

I hereby authorize Exceptional Equestrians, hereafter referred to as "Company," to publish photographs and/or videos taken of myself and/or the minor child(ren) listed below, for use in the Exceptional Equestrians' print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Exceptional Equestrians from any reasonable expectation of privacy or confidentiality for myself and for the minor child(ren) listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize Exceptional Equestrians to use their photograph.

I further acknowledge that participation is voluntary and that neither I nor the minor child(ren) will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Exceptional Equestrians, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Check one: ☐ **Consent** ☐ **Non consent**

Authorization:

Signature: _____ Date: _____
(Volunteer, Parent or Guardian)

Printed Name: _____

Address: _____

City: _____ State: ____ ZIP: _____

Relationship to
minor: _____

Names/Ages of minor:

Name: _____ Age: ____