


**couragevolunteer@gmail.com**

**Volunteer Information**

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Phone: (C)_____(H) _____
Email: _____
Employer/School: _____
Parent/Legal Guardian/Caregiver Name: _____
Address: (if different from above)
_____
City: _____ State: _____ Zip: _____
Email: _____
Phone: (C)_____ Phone: (H) _____

How did you hear about us?
_____

Why are you looking to volunteer?

_____Personal Enjoyment _____Practicum/Internship Hours
_____School Requirement _____Other _____

Do you have any special skills that would benefit our programs?
_____
_____

Please explain your experience with horses: (Note: Horse experience is NOT required!)
_____
_____

Please explain your experience with children:
_____
_____

Can you walk on uneven surfaces for extended periods of time? ___Yes ___No

Can you jog for several minutes? ___Yes ___No

Do you have any allergies? ___Yes ___No

**VOLUNTEER LIABILITY RELEASE**

As a volunteer with Courage TRC, Inc., I acknowledge the risks and potential for risks of an equine assisted activities program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators waive and release forever all claims for damages against Courage TRC, Inc., the Board of Directors, Instructors, Therapists, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating with Courage TRC Inc.

DATE _____SIGNATURE_____

(Volunteer, parent or guardian 18 and over)

**ACKNOWLEDGEMENT OF CONFIDENTIALITY POLICY**

Courage TRC, Inc. requires that all medical, social, referral, personal and financial information regarding riders, clients and their families be kept strictly confidential. This restriction applies to all employees and volunteers connected with the program.

Courage TRC, Inc. requires that all program content remain confidential. Program content can not be replicated without written permission from Courage TRC, Inc. and the use of Courage TRC, Inc. facilitators.

It is requested that all involved scribe to the following statement.

I UNDERSTAND AND WILL COMPLY WITH THE CONFIDENTIALITY POLICY AS ABOVE STATED.

SIGNED _____ DATE _____

PARENT OR GUARDIAN (IF UNDER 18) _____ DATE _____

**PHOTO RELEASE**

I ___DO ____DO NOT consent to and authorize the use and reproduction by Courage TRC, Inc. of any and all photographs and any other audio visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit for the program.

DATE _____ SIGNATURE_____

(Volunteer, parent or guardian 18 and over)

**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 Courage TRC, Inc. to secure and retain medical treatment and transportation if needed. This authorization includes any treatment procedure deemed "life saving" by the physician.

___Yes CONSENT SIGNATURE _____ DATE _____
(Volunteer, parent, or guardian 18 and over)

___No NON-CONSENT SIGNATURE _____ DATE _____
(Volunteer, parent, or guardian 18 and over)

**Emergency Contact:**

Name:_____PHONE_____

Relationship: _____

Preferred Medical Facility:
_____

Health Insurance Company:
_____

Health Concerns:
_____
_____
_____

**BACKGROUND INFORMATION (If 18 and over)**

Have you ever been charged with or convicted of a crime? ___Yes ___No If yes, Please explain:
_____
_____

I, _____(full name) authorize Courage TRC, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize Courage TRC, Inc., its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

DATE _____ SIGNATURE_____

DRIVER'S LICENSE NUMBER_____ STATE _____