Office Use Only	
Date Rec'd	
Contacted	
Trained	

HOLD YOUR HORSES

VOLUNTEER INFORMATION

LAST NAME _____ FIRST NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY/STATE _____ ZIP CODE _____

PARENT/GUARDIAN NAME (IF UNDER 18) _____

PRIMARY PHONE NUMBER _____ ALTERNATE PHONE NUMBER _____

EMAIL ADDRESS _____

AVAILABILITY (PLEASE CIRCLE) M T W TH F S SU MORNING AFTERNOON EVENING

VOLUNTEER INTEREST(S) ADMINISTRATION FUNDRAISING BARN HELP

EXPERIENCED WITH HORSES? YES NO

IF YES, PLEASE DESCRIBE: _____

_____

_____

_____

VOLUNTEER SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____
(IF VOLUNTEER IS UNDER 18 YEARS OF AGE)

VOLUNTEER EMERGENCY CONTACT & MEDICAL TREATMENT FORM

VOLUNTEER NAME

EMERGENCY CONTACTS

PRIMARY EMERGENCY CONTACT

PHONE NUMBER

ALTERNATE EMERGENCY CONTACT

PHONE NUMBER

PHYSICIAN NAME

PREFERRED MEDICAL FACILITY

HEALTH INSURANCE COMPANY

POLICY NUMBER

CURRENT MEDICATIONS

MEDICATION ALLERGIES

Consent Plan

In the event emergency medical treatment/aid is required due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Hold Your Horses, LLC 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 medical emergency treatment

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 "Emergency Contact(s)" listed on this form is/are unable to be reached.

VOLUNTEER CONSENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE
(If Volunteer is under 18 Years of Age)

DATE

HOLD YOUR HORSES

PHOTO RELEASE

I hereby consent _____ / do not consent _____ to, and authorize the use of, any and all photographs or audio/visual materials for promotion, education or exhibition or any other use to benefit Hold Your Horses.

VOLUNTEER NAME

SIGNATURE OF RELEASE | DATE

PARENT/GUARDIAN SIGNATURE (IF VOLUNTEER IS UNDER 18 YEARS OF AGE) | DATE

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) regarding clients, staff and volunteers is confidential and will not be shared. Additionally, I will not take pictures of clients, staff and volunteers at Hold Your Horses, nor will I post comments about, or pictures of, Hold Your Horses clients, staff, volunteers and events on Facebook or other social media.

VOLUNTEER NAME

SIGNATURE OF AGREEMENT | DATE

PARENT/GUARDIAN SIGNATURE (IF VOLUNTEER IS UNDER 18 YEARS OF AGE) | DATE