

Whitewater Therapeutic and Recreational Riding Association, Inc.
PO Box 1443 Salmon, Idaho 83467 - 208-469-0617- whitewatertherapeutic@gmail.com
1319 Cemetery Street

Volunteer Application

Date: _____

Applicants Name: _____

Address: _____

Phone: H: _____ **Cell:** _____ **Work:** _____

Email: _____

Date of Birth: _____ **Age:** _____ **H:** _____ **W:** _____ **M/F**

Employer/School: _____

Emergency Contact: _____

Phone: _____ **H:** _____ **C:** _____ **Work:** _____

Address: _____

Parent/Guardian: _____

Phone: _____ **H:** _____ **C:** _____ **Work:** _____

Address: _____

I have volunteered for WTRRA _____ **years.**

I have volunteered in the following positions:

Horse Leader _____

Side Walker _____

Instructor _____

Instructor in training _____

Arena Assistant _____

Barn Volunteer _____

Catch Horses _____

Tack Horses _____

Train and condition horses _____

Facility Maintenance _____ **Equipment Care** _____ **Public** _____

I have reviewed and updated all information. Date: _____ **Initial:** _____

**Whitewater Therapeutic and Recreational Riding Association, Inc.
Volunteer Interests and Availability**

Certain positions require prerequisite skills and training.

Volunteers are required to attend annual training

Special trainings for specific assignments will be provided by WTRRA

Volunteer name:_____

Contact number:_____

Please check any areas of interest

Program Volunteer

- Program volunteer: Leader____, Sidewalker____, Arena Assistant____**
- Barn-Horse volunteer_____**
- Tack and Equipment care**
- Fence building**
- Facility repairs**
- Horse transport**
- Hay transport**

Events

- Variety of Fund raising events:**
- Parades/community events (Fourth of July, Parade of Lights, Fair)**

Administration

- Public Relations**
- Fund Raising**
- Newsletter**
- Volunteer recruitment**
- Telephone/Computer work**

Availability:

- Weekdays only ____ Mon.____, Tues____, Wed____, Thurs____, Fri____**
- Weekday times: Morning____, Afternoon____, Evening____**
- Weekends: Saturday____, Sunday____**
- Substitute Only:_____**
- Specific times of day available:_____**
- I prefer to volunteer with : Adults:_____Youth_____Children_____**

I am not aware of any reason that would prevent my participation as a volunteer in the WTRRA program.

Initials:_____Reviewed: _____date

Whitewater Therapeutic and Recreational Riding Association, Inc.

PO Box 1443 Salmon, Idaho 83467 208-469-0617 whitewatertherapeutic@gmail.com
1319 Cemetery Street

Volunteer Authorization for Emergency Medical Treatment

Name: _____

Address: _____

City/State/Zip: _____

Phone: H _____ C _____ W _____

Physician's Name: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Current Medications: _____

In the event of an emergency please contact:

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

Preferred Medical Facility: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in, or receiving WTRRA services, or while being on the property of WTRRA, I authorize the WTRRA to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant 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 procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Print Name: _____

Consent Signature: _____ Date: _____

(Volunteer, Parent/ Legal Guardian if minor)

Whitewater Therapeutic and Recreational Riding Association, Inc.

PO Box 1443 Salmon, Idaho 83467 - 208-469-0617 whitewatertherapeutic@gmail.com
1319 Cemetery Street

Volunteer Photo Consent Form

Volunteer’s Name (please print):

I hereby authorize Whitewater Therapeutic and Recreational Riding Association (WTRRA) the use of my name, picture, video, and/or audio or digital recording, associated with the WTRRA program. I expressly waive any and all rights which I may have, under any applicable local, state, and federal laws or any common law claim, against WTRRA and/or any staff, board members, volunteers or instructors. I hereby agree to and consent to the foregoing assignment and waiver.

Volunteer’s signature: _____ Date: _____

Parent or Legal Guardian (If under 18): _____

Date: _____

Confidentiality Agreement

This confidentiality agreement is made between Whitewater Therapeutic and Recreational Riding Association, referred to as WTRRA, and

Please print name here. (Referred to as “the Volunteer”)

The Volunteer agrees to protect the confidential information which may be disclosed between WTRRA and the Volunteer. Therefore the Volunteer agrees to the following:

- 1: Confidential information: the term “Confidential Information” means any medical information or material which is private to WTRRA riders, participants and their parents or guardians.
- 2: Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.
- 3: The Volunteer agrees to not disclose information about the WTRRA participant’s program status, goals, objectives, needs or behaviors.

By: _____
Volunteer Signature

_____ Date: _____
Print Name

Whitewater Therapeutic and Recreational Riding Association, Inc.

PO Box 1443 Salmon, Idaho 83467 - 208-469-0617 whitewatertherapeutic@gmail.com

1319 Cemetery Street

Volunteer Background Information

Name: _____

DOB: _____

Date: _____

Have you ever been charged with, or convicted of a crime? Yes / No

If Yes, please explain:

I, _____ (volunteer/employee name),
authorize WTRRA 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.

I understand that such access is for the purpose of considering my application as an
employee /volunteer, and that I expressly DO NOT authorize WTRRA, its directors,
officers, employees, or other volunteers to disseminate this information in any way
to any other individual, group, agency, organization, or corporation.

Print

Name _____

Signature:

Date: _____

Whitewater Therapeutic and Recreational Riding Association, Inc.

PO Box 1443 Salmon, Idaho 83467 208-469-0617 whitewatertherapeutic@gmail.com
1319 Cemetery Street

LIABILITY/HOLD HARMLESS/ASSUMPTION OF RISK

Please read carefully before signing

1. I, _____, the undersigned have read and understand and freely and voluntarily enter into this Release and Hold Harmless Agreement with Whitewater Therapeutic and Recreational Riding Association (hereinafter referred to as WTRRA). I understand that this Release and Hold Harmless Agreement is a **waiver of any and all liabilities**.

2. I understand that WTRRA makes EVERY effort to maintain very high standards of safety in the following areas: Administration, Program, and Facilities as determined by the governing agency for therapeutic riding centers, the Professional Association of Therapeutic Horsemen, Intl.

3. **HELMET USE:** I understand that under the PATH-Intl standards for safety, **ALL** participants, volunteers, and personnel (adults and minors) in any WTRRA mounted or driving activity are required to, and in fact **WILL** wear, protective headgear that is American Society for Testing and Materials – Safety Equipment Institute (ASTM-SEI) approved for equestrian use. If helmets do not meet these standards, they will meet the “PATH-Intl” Guidelines for Alternative Helmet Use.”

4. I understand that myself or my minor child working with and around the horses of WTRRA on the WTRRA property as a client, staff, member or volunteer has inherent risks that have been minimized as much as possible by WTRRA. However, I feel that the possible benefits to me or my minor child are greater than the risk assumed.

5. I understand the potential dangers that I or my minor child could incur in being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses, and using equipment around and with the horses, including but not limited to any interactions with other horses at the WTRRA facility. Understanding those risks for myself or my minor child, I hereby release WTRRA from any liability whatsoever in the event of injury or damage of any nature or death to me, my child, or anyone else caused by or incidental to my electing to have myself or my child be involved with the horses and equipment of WTRRA. This release of liability applies to WTRRA, their officers, directors, trustees, agents, shareholders, instructors, therapists, staff, volunteers, representatives, successors, assigns, and anyone else directly or indirectly connected with WTRRA.

6. I further voluntarily agree and warrant to Release and Hold Harmless all of the above named organizations and people for any and all manner of claims demands and damages of every kind or nature whatsoever, which I may now, or in the future have against WTRRA, and not limited to any incident caused by or related to negligence by the above named, including but not limited to injuries, death, or property damage from: being with, walking with, grooming, tacking, mounting, riding, dismounting, feeding horses; using equipment around and with the horses; and use of horse barn, paddock, trails or arenas in any capacity.

7. **WARNING: UNDER IDAHO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES PURSUANT TO C.R.S. 13-21-120.**

I, the undersigned, hereby intending to be legally bound for myself, my child, my heirs, assigns, executors, or administrators, understand and recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally agreed to and signed. This agreement waives and forever releases, acquits, discharges and holds harmless all claims for damages against WTRRA.

Volunteer's Name (Please Print): _____

Volunteer's Signature: _____

Date: _____

Witnessed by: _____

Print name of minor: _____

Print name of adult/legal guardian: _____

Signature of adult/legal guardian: _____

Date: _____

Witnessed by: _____