

TROUBLESOME HORSE RESCUE AND REHABILITATION, INC.

P.O.Box 1621, 1049 County Road 2201, Kremmling, Colorado 80459
970-531-1695



Volunteer Information Form

Name _____ Sex _____ Date of Birth _____

Mailing Address _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

Email _____ Home Phone _____ Wk Phone _____

Cell or Other contact number _____ Employer/School _____

Spouse _____ Employer _____ Work # _____

How did you hear about Troublesome Horse Rescue? _____

Have you ever volunteered with a therapeutic riding program? Yes No

If yes: What program and in what capacity? _____

In what areas do you feel you are qualified to volunteer?

____ Horseleader (horse experience required; prepares horse for class; primary focus during class is the horse)

____ Sidewalker (no horse experience required, primary focus during class is on the rider)

____ Office Help (flexible hours; filing, organizing, preparing mailings, help with computer upgrades, etc.)

____ Ranch/Horse (flexible hours; worming horses, holding horses for the farrier, welding corrals, fencing, etc.)

Horse Experience None Minimal Moderate I have owned or currently own a horse.

Describe your horse experience: _____

I can halter a horse unassisted clean horses hooves unassisted saddle a horse unassisted

Do you have any special skills, talents, or abilities that would be helpful to Troublesome Horse Rescue?

Do you know anyone who might wish to board a horse at Troublesome Horse Rescue? Yes No

Troublesome Horse Rescue offers private riding lessons. Would you like information? Yes No

Do you or any member of your family belong to a service group? i.e. Rotary, Lions Club, Kiwanis. If so which one(s)? _____

Troublesome Horse Rescue has many committees that are responsible for certain tasks that make the organization what it is. Would you (or a family member, neighbor or friend) be interested in helping out with any of the following committees or projects? Please check all that apply:

- _____ Fund Raising: fund raising projects and ideas and projects to help fund Troublesome Horse Rescue.
- _____ Annual Dinners with Silent Auctions – Spring, Summer and Fall
- _____ Fund Raising Committee
- _____ Ride-a-Thon (Spring)
- _____ Grant Writing
- _____ Annual Giving Campaign (yearly donation campaign to raise dollars for annual operating expenses)

- _____ Riders:
 - _____ 4-H Programs and Activities
 - _____ Therapeutic Riding
 - _____ Photographs, Videos, Webb Site, Powerpoints of programs and riders

- _____ Marketing/Public Relations
- _____ Long Range Planning: Expansion plans – this group thinks big!
- _____ Volunteer: Recruitment/training and retention of volunteers; volunteer appreciation
- _____ Horse Care: Worming, holding for vet/farrier, bathing, clipping, tack room organization, stall cleaning
- _____ Special Rescue Projects Coordination
- _____ Public Speaking, Presentations

Does your employer have a matching gifts program for Volunteer Hours Cash Donations

Within your circle of influence, is there anyone who is a possible candidate to volunteer or provide financial assistance? Yes No

Would you be willing to contact them on Troublesome Horse Rescue's behalf or introduce us to them? Yes No

Please list two Personal References:

| | |
|------------------------|----------------|
| _____ | _____ |
| Name | Contact Number |
| _____ | _____ |
| Name | Contact Number |
| _____ | _____ |
| Volunteer Printed name | Date |
| _____ | |
| Volunteer Signature | |

TROUBLESOME HORSE RESCUE AND REHABILITATION, INC.



Volunteer Authorization for 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 Troublesome Horse Rescue to secure and retain medical treatment and transportation if needed.

Volunteer's Name _____ Phone _____
Mailing Address _____ City _____ Zip _____
Street Address _____ City _____ Zip _____
Emergency contacts
Name _____ Phone _____ Other _____
Name _____ Phone _____ Other _____

Do you have a condition which might interfere with your participation in horse-related activities? Yes No
If yes, please describe: _____

Physician's Name _____ Preferred Medical Facility _____
Health Insurance Company _____ Policy # _____

Allergies to Medications: _____
Current Medications: _____

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to consent for treatment.

Date _____ Consent signature _____
(volunteer, parent or guardian)

Print Name _____ Phone _____
Address _____ City _____ Zip _____

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 being on the property of the agency. In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Date _____ Non-Consent Signature _____
(volunteer, parent or guardian)

Print Name _____ Phone _____
Address _____ City _____ Zip _____

TROUBLESOME HORSE RESCUE AND REHABILITATION, INC.



**Volunteer Confidentiality Agreement,
Liability & Photo Release**

This form is for:

_____ *volunteer's name*

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) regarding participants at Troublesome Horse Rescue is confidential and will not be shared with anyone without the express written consent of the participants and, in the case of a minor, their parent/guardian.

Date _____ Signature _____
(volunteer)

VOLUNTEER LIABILITY RELEASE

As a volunteer at Troublesome Horse Rescue, I acknowledge the risks and potential for risk of a horseback riding program. However, I feel that the possible benefits to myself and the riders 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 Troublesome Horse Rescue, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Troublesome Horse Rescue.

Date _____ Signature _____
(volunteer, parent or guardian)

PHOTO & VIDEO RELEASE

I DO consent to and authorize the use and reproduction by Troublesome Horse Rescue of any photographs, video or any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.
 DO NOT

Date _____ Signature _____
(volunteer, parent or guardian)

BACKGROUND INFORMATION

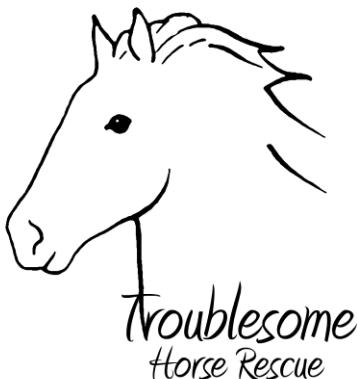
Have you ever been charged with or convicted of a crime Yes No If yes please explain _____

I authorize Troublesome Horse Rescue to receive information from any law enforcement agency, including police department and sheriff's departments, of the 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 or 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 a volunteer and that I expressly DO NOT authorize Troublesome Horse Rescue, it's directors, offices, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Date _____ Signature _____
(volunteer, parent or guardian)

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WARNING

Under Colorado 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 section 13-21-119, Colorado Revised Statutes.

RELEASE AND INDEMNIFICATION

I am aware that any activities involving horses are hazardous and I am voluntarily participating in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury, including death, and damage to property arising from participation. I **hereby promise not to sue, and hereby release**, to the fullest extent permitted by law, Troublesome Horse Rescue and Rehabilitation, Inc. and its agents, officers, directors, members, representatives, volunteers, coordinators, insurers, and employees (collectively the "Released Parties"), from, **and hereby waive**, all claims of whatsoever kind that may be asserted against the Released Parties for personal injury and property damage arising from or in connection with participation in equine activities, and from the condition of the real property and personal property used in connection with such equine activities. By way of example, and not in limitation, this Waiver and Release includes releasing and waiving claims based upon: any negligent acts or omissions of the Released Parties and any other person; contract; warranty; premises liability; products liability; subrogation; contribution; and loss of consortium or loss of society.

I also hereby agree to indemnify, defend, and hold and save harmless the Released Parties from any claims, damages, expenses and costs incurred of whatsoever nature (including by way of example, and not in limitation, attorney fees and expenses), which may be made against or incurred by the Released Parties, arising from or in connection with my participation, including without limitation, any claims made by me or any other person.

TROUBLESOME HORSE RESCUE AND REHABILITATION, INC.

It is intended that this Release and Indemnification shall release the Released Parties from, and waive, any and all claims, and indemnify the Released Parties, to the greatest extent allowed by law. In the event for any reason a Court determines that any portion of this Release and Indemnification is not enforceable, that provision shall be modified so as to give it the greatest effect allowed by law, or if it cannot be so modified shall be severed and the balance of the Release and Indemnification shall be given the greatest force and effect available under law. Furthermore, in the event that notwithstanding this Release and Indemnification, it is determined that any Released Party has any liability for any claim, in no event shall the liability exceed the amount of \$500 in total aggregate for all claims arising from or in connection with my participation.

I acknowledge that by signing this document I am waiving important legal rights. I also acknowledge that the Released Parties would not allow me to participate in equine activities unless I have agreed to the waivers, releases, indemnifications and limitations contained in this Release and Indemnification. I acknowledge that the Released Parties are relying upon these provisions as a primary material consideration for allowing my participation in equine activities. I acknowledge and agree that the terms hereof are binding upon me, and my heirs, successors, representatives, insurers, and assigns.

If signing on behalf of another person, I represent and warrant to the Released Parties that I am the parent or legal guardian with the capacity to execute and make the foregoing waivers and indemnifications on behalf of such person; and I further acknowledge and agree that I am also personally bound by and make the releases and waivers as above set forth, and that I am jointly and severally liable for the indemnifications to the Released Parties.

This form is for _____
(Please print participant's name)

(Participant's Signature)

(Date)

(18 years of age and under requires a parent/guardian Signature) (Date)