



VOLUNTEER APPLICATION



Thank you for your interest in applying to volunteer with Horseplay Farms, LLC, and/or Our Heroes, Inc. We would not be able to connect heroes with horses in a healing environment without the help of an amazing team of volunteers! The work you do here has the potential to change lives by helping individuals find strength and independence through the proven, positive power of the horse!

Please take a moment to fill out the Volunteer Application. We will email you a copy of the Volunteer Handbook, or you can read the office copy. You will need to sign the Volunteer Agreement, which includes a photo release and verification that you reviewed our rules and policies stated in the handbook. All volunteers are **required** to attend a Volunteer Orientation. In order to be a horse care volunteer, one must attend at least one "Horse Sense" Workshop prior to interacting with the horses.

Volunteers who assist with horses and lessons must be **at least 18 years old**. Younger volunteers (17 years old through 5 years old) may assist cleaning tack, washing buckets and blankets, etc. with the supervision of their parent or guardian.

VOLUNTEER INFORMATION

DATE OF APPLICATION _____

Full Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ Email Address _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work: (____) _____

Email Address: _____

Please indicate what days and times you are willing to volunteer at the farm. Farm hours are Tuesday through Saturday, 8 am to 5 pm:

- Tuesday** Times: _____
- Wednesday** Times: _____
- Thursday** Times: _____
- Friday** Times: _____
- Saturday** Times: _____
- Other** Days/Times: _____

MORE ABOUT YOU

Why are you interested in volunteering with Horseplay Farms, home of Our Heroes?

Do you have horse experience? **Little/None** **Some** **Considerable**

Please briefly describe:

Are you comfortable working around horses? **Yes** **No**

Do you have experience working with people with disabilities? **Yes** **No**

Please briefly describe: _____

Please check all areas that apply to your interests and strengths:

- Barn Support** (cleaning tack, blankets, hay bags, water troughs, etc.)
 - Office Support** (filing, typing, errands, marketing, answering phone, etc.)
 - Program (Our Heroes) Support** (side walker, lesson assistance, summer camps, special events, etc.)
 - Farm Support** (outside work, mowing, trimming, fencing, special projects, etc.)
 - Other Support** (If not listed above, tell us what you would like to do to help the farm and Our Heroes.)
- _____

How did you hear about Our Heroes, Inc.?

- Newspaper** **Website** **Facebook** **Driving By** **School** **Friend**

Other: _____

PERSONAL OR PROFESSIONAL REFERENCES

Please provide three (3) personal or professional references below. Provide their full name, phone number, and relation.

1. _____

2. _____

Have you volunteered for any other programs/agencies with in the last three (3) years and briefly describe your duties.

CRIMINAL BACKGROUND CHECK

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

If yes, please explain: _____

Have you ever been listed on a registry for child abuse? Yes No

We cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against people or animals.

Signature: _____ Date: _____
(or signature of Parent/Guardian if under age 18)

EMERGENCYCONTACT INFORMATION

Emergency Contact Name _____ Phone# _____

Physician's Name& Address _____ Phone# _____

Signature _____ Date _____

MEDICAL INFORMATION

Are you able to walk for 45 minutes and jog for short distances? Yes No

Are you able to lift at least 50 pounds? Yes No

Are you able to hold your arm above shoulder height and support a rider's weight? Yes No

Do you have any health issues or physical limitations? Yes No

Please describe any medical condition you may have requiring special precautions or treatment, including seizures history, allergies (to foods, plants, bee stings, etc.), and back problems:

Are there any medications that you currently take? Yes No

If yes, please list name of medication, dosage and purpose: _____

Date of last Tetanus Shot: _____

EMERGENCY AUTHORIZATION

In the event of a medical emergency or illness while participating in the services of Our Heroes and/or Horseplay Farms, I authorize Our Heroes and/or Horseplay Farms to secure and retain medical transportation (911) /treatment necessary (deemed necessary by a health care professional and includes but is not limited to x-ray, surgery, hospitalization and medication). I authorize Our Heroes and/or Horseplay Farms to release my/my child's/my ward's record to any individual involved in medical treatment and/or necessary transportation. Emergency contacts listed below will be called.



VOLUNTEER AGREEMENT



Thank you for your interest in applying to volunteer with Our Heroes, Inc and/or Horseplay Farms, LLC. We would not be able to connect heroes with horses in a healing environment without the help of an amazing team of volunteers! The work you do here has the potential to change lives by helping individuals find strength and independence through the proven, positive power of the horse!

Please take a moment to read the Volunteer handbook and fill out the Volunteer Packet which includes: Volunteer Application (which also can be found online), Volunteer Agreement (Criminal Background Check, Emergency Authorization, Confidentiality Policy, and Volunteer Acknowledgement, Photo Release, and Liability Release. All volunteers are required to attend an Orientation Training prior to participating in volunteer activities. The volunteer application will need to be updated annually to ensure we have current information.

Volunteers who assist with horses and lessons must be **at least 18 years old**. Younger volunteers (ages 17 years old to 5 years old) may assist by cleaning tack, washing buckets and blankets, etc. with the supervision of their Parent/Guardian

CONFIDENTIALITY POLICY

Our Heroes, Inc. and Horseplay Farms LLC recognizes the right of clients/participants and their families to have privacy and control of any information that may be shared publicly. Information that is considered confidential (either written or verbal) no matter how obtained, includes all medical, familial, social, personal and financial concerns of participants and their families.

I agree not to disclose personal information, including: name, health/medical, family, work/school/social history, images, photos or any identifying information to anyone other than Horseplay Farms/Our Heroes staff as needed and relevant to the purpose of a lesson and/or activity. Violation of this policy will result in action ranging from reprimand, alteration of responsibilities, termination or legal action.

PHOTO RELEASE

After valuable consideration which is hereby acknowledged to be sufficient, the undersigned hereby grants permission to Horseplay Farms, LLC and Our Heroes, Inc. to take or have taken still and moving photographs and films, including television footage, of the following individual:

The undersigned hereby consents and authorizes Horseplay Farms, LLC and Our Heroes, Inc. to use and reproduce photographs, films, and footage to circulate and publicize by all means including but without limit to the generality of newspapers, television media, internet promotion(s), Facebook, You tube, blogs and websites, brochures, pamphlets, instructional materials, books and clinical/therapeutic materials. With regard to the foregoing material, no compensation was agreed upon or promised and it is with the full and uninduced consent that Horseplay Farms, LLC and Our Heroes, Inc. can use media representation of the undersigned for the purpose of promoting and aiding Horseplay Farms, LLC and Our Heroes, Inc. and their work.

Consent for Photographs (Check one): Yes _____ No _____

ACKNOWLEDGEMENT

I acknowledge that I have read, understand and agree to comply with the policies within the Volunteer Handbook of Our Heroes, Inc. and Horseplay Farms, LLC. Please speak with the management prior to signing this form to answer any questions you may have.

Signature: _____ Date: _____ Signature of

Parent/Guardian (if under 18): _____ Date: _____

Printed Name _____

KNOWLEDGE OF RISK, ACCEPTANCE OF RESPONSIBILITY, & RELEASE OF LIABILITY

This release is valid in a court of law.

I, _____, (parent of _____) hereby affirm that I am aware of the inherent hazards of horseback riding and other farm-related activities. I understand and agree that Our Heroes, Inc. and/or Horseplay Farms, LLC may not be held liable or responsible in any way for injury, death, or other damages to me or my family or my property, heirs, or assigns that may occur as a result of my participation in this farm-related activity or as a result of the negligence of any party, whether active or passive.

___ In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with said activity, for any harm, injury, or damage that may befall me or my property while so engaged, including all risks connected therewith, whether foreseen or unforeseen. I understand that if an injury does occur that only my own personal health insurance or other insurance will be involved in a claim.

___ I further release and hold harmless said activity, equine owner, Our Heroes, Inc. and/or Horseplay Farms, LLC from any claim or lawsuit by me, my family, estate, heirs or assigns, arising out of my participation in this activity, including both claims arising during the activity and/or before or afterwards.

___ I also understand that horse-related activities may be physically strenuous and that I may be exerting myself during this activity. I further understand that horses, dogs, cats, wildlife and nature itself may behave in unpredictable and potentially dangerous ways. I expressly assume the risk of injuries resultant from my participation in these activities and I will not hold responsible Our Heroes, Inc. and/or Horseplay Farms, LLC in any way. I further state that I am of lawful age and am legally competent to sign this liability release.

___ I understand that the terms and conditions of this release are contractual and not a mere recital, and that I have signed this document of my own free act.

NORTH CAROLINA EQUINE LIABILITY LAW Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities.

Chapter 99E of the North Carolina Statutes

I HAVE FULLY INFORMED MYSELF OF THE CONTENTS OF THIS LIABILITY RELEASE AND EXPRESS ASSUMPTION OF RISK BY READING IT BEFORE I SIGNED IT ON BEHALF OF MYSELF AND MY HEIRS.

Signature: _____ Date: _____

Printed Name of Rider: _____

Signature of Parent/Guardian (if under 18): _____ Date: _____

Printed Name of Parent/Guardian (if under 18): _____