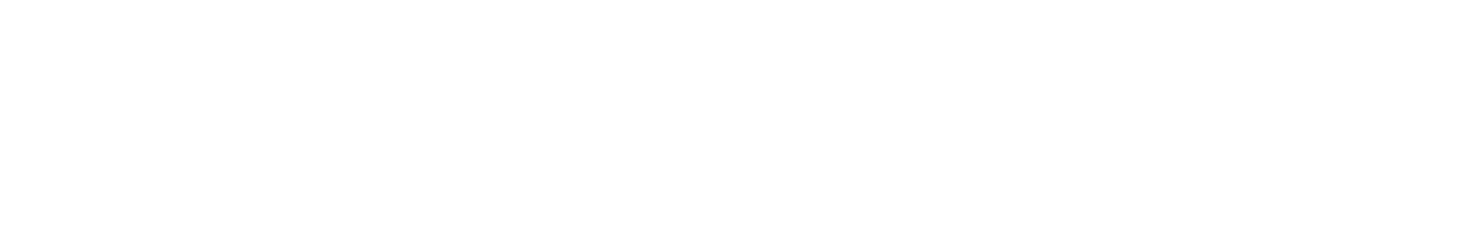
Dear Prospective Volunteer,

Thank you for your inquiry about the volunteer opportunities at The Hope Center. We are a not-for-profit organization that uses horses to encourage physical and mental development in people with and without disabilities.

Next to our horses, our volunteers are the most crucial element in the success of this program. We rely on volunteers in every aspect and could not exist without their support, dedication, and abilities.

Enclosed are the necessary forms each volunteer must fill out and return before entering the volunteer training session at the Hope Center. Please notice the Child Abuse and Neglect Check Form. We cannot accept any applicant with a history of abusing or neglecting a child. Meanwhile, the volunteer application/ information, emergency medical treatment and release forms need to be sent to our mailing address.

|  |  |  |  |
| --- | --- | --- | --- |
| Lisa Best,  Program Director | Jim Best,  Facilities Manager | Krystal Evans,  Certified Riding | Rick Schemel, Sr.  Executive Director |
| 573-517-6004 | 573-517-1674 | Instructor | 573-547-6057 |
|  |  | 573-768-0848 |  |

Please feel free to contact us if you have any questions. We look forward to working with you in this challenging yet rewarding program.

Thank you for joining Team Hope!

Kelly Seiler

Program Director & Certified Riding Instructor

**The Hope Therapeutic Horsemanship Center**

2019 E Harvest Circle

Perryville, MO 63775

573-517-6004

kellyrae0715@gmail.com

**VOLUNTEER APPLICATION**

Last Name: First Name:

Mr. Mrs. Ms. Other: preferred nickname: Address:

Street: City:

State: Phone:

Zip code:

Home: Work:

Cell: Do you prefer text messages? Yes No E-mail: (please provide an e-mail that you check regularly. We promise not to spam you!)

Birth date: (participants working directly with horses must be at least 14)

Is anyone at this address a volunteer at The Hope Center? If yes, what is his/her name? What is his/her relationship to you? Employment:

Employed: full time part time

Retired: Other:

Employer: Occupation: Address: City: State: Zip:

## How did you find out about The Hope Center?

**What are the reasons you would like to volunteer with The Hope Center?**

## For which areas of the program would you like to volunteer?

Administrative /office horse handler

fund raising

public relations

groundskeeper

lesson organizer

side walker

leader

Barn Buddy Horse Care

other/wherever I’m needed

If Volunteer is under 18 years of age:

Parents Name: Parents Home and Work phone numbers:

Availability: The Hope Center is open Monday – Saturday and will be making class times according to the clients need. Please consider your schedule and check a time that you could be regularly available.

Monday: AM Tuesday: AM Wednesday: AM Thursday: AM Friday: AM Saturday: AM

PM PM PM PM PM PM

Daytime special events:

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest and I release The Hope Center, Inc. from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer. Applicants Signature: Date:

Legal Guardians Signature: Date: (If applicant if less than 18 years of age)

# Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize The Hope Center, Inc. to:

1. secure and retain medical treatment and transportation if needed
2. release client records upon request to authorized medical personnel

Participant’s name: phone: Address:

In the event I cannot be reached contact: Physician’s name:

phone: phone:

Preferred Medical Facility: Health Insurance Co.: Policy #:

## Consent Plan

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

Date: Consent Signature:

Volunteer if 18 or older, parent or guardian

Print name: phone: Address:

## Non-Consent Plan

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Date: Non-consent signature:

Volunteer if 18 or older, parent or guardian

Print name: phone: Address:

## Volunteer Release and Indemnification Agreement

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the Hope Center Program and for the benefits I receive from participating in the program, I,

, (volunteer if 21 or older, parent or guardian) hereby consent to assume the risks of , (volunteer’s) participation in the horsemanship program sponsored by The Hope Center, Inc.

Accordingly, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and forever release, acquit, discharge and hold harmless, The Hope Center, Inc., the owners of the facilities and properties on which The Hope Center, Inc. conducts its therapeutic horseback riding program, including, but not limited to Rick and Claire Schemel, the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers, of The Hope Center, Inc. and any other person associated with The Hope Center, Inc. therapeutic horseback riding program, and the successors and assigns of each of them, from all manner of claims, demands and damages of every kind and nature whatsoever I may now or in the future have against these parties on account of any losses or personal injuries, physical or mental condition, known or unknown to myself and the treatment thereof, as a result of, or in any way connected with the Hope Center, Inc. therapeutic horseback riding program, or growing out of acts of omission or caused by negligence or in any way incidental to The Hope Center, Inc. therapeutic horseback riding program.

## WARNING: Under Missouri law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

Date:

Signed:

Volunteer if 21 or older, parent or guardian

Witnesses:

# Photo Release

In consideration for being accepted into the Hope Center, Inc. therapeutic horseback riding program and for the valuable benefits I receive from participating in the program and promoting the program I, , hereby authorize The Hope Center, Inc., its advertising agencies or the news media to have photographs, films or other audio-visual materials taken of the participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the Hope Center therapeutic horseback riding program. I hereby indemnify and hold the Hope Center, Inc. harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing the participants’ image.

**WARNING**

**Under Missouri law, an equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.**

Date:

Signed:

Volunteer if 21 or older, parent or guardian

Witnesses:



ReauEsT FOR CHILD ABUSE OR NEGLECT/CRIMINAL RECORD

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| IDENTIFYING DATA {Please type or print information legiDfy in ink.) The suD}ect or toe reg at must complete the next section and sign. | |
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RETURN AODRESS (REQUIRED ON EACH APPLICATION)



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