



2019 E. Harvest Circle
Perryville, Mo 63775
573-517-6004

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.

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

Executive Director & Certified Riding Instructor

The Hope Therapeutic Horsemanship Center

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573-517-6004

kellyrae0715@gmail.com



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VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Mr. ___ Mrs. ___ Ms. ___ Other: ___ preferred nickname: _____

Address:

Street: _____

City: _____

State: _____ Zip code: _____

Phone:

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: _____



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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?

- | | |
|--|--|
| <input type="checkbox"/> Administrative/office | <input type="checkbox"/> horse handler |
| <input type="checkbox"/> fund raising | <input type="checkbox"/> side walker |
| <input type="checkbox"/> public relations | <input type="checkbox"/> leader |
| <input type="checkbox"/> groundskeeper | <input type="checkbox"/> Barn Buddy Horse Care |
| <input type="checkbox"/> lesson organizer | <input type="checkbox"/> 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: PM__ PM

AM Wednesday: AM PM__ PM

Thursday: AM Friday: PM__ PM

AM Saturday: AM _____

Daytime special events: _____



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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)



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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: _____ phone: _____

Physician's name: _____ 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: _____



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Perryville Location
2019 E Harvest Circle
Perryville MO 63775

Sikeston Location
206 Saint George Lane
Sikeston MO 63801

Farmington Location
3084 Old Fredericktown Rd
Farmington MO 63640

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: _____



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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: _____
