



Special Methods In Learning Equine Skills

N2666 County Road K • Darien, WI 53114

Office: (262) 882-3470 • Fax: (262) 882-5661

volunteer@smilestherapeuticriding.org • www.smilestherapeuticriding.org

Volunteer Application

Date: _____

- NEW Volunteer
 Returning Volunteer
 Community Service

Name: _____
 (Last Name) (First Name) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Age: _____

Underage Volunteer

(Complete this section if the volunteer is between 15 and 17 years old)

Parent/Guardian Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Signature: _____

Employer/School: _____ Occupation: _____

City: _____ State: _____ Zip: _____

- My employer gives time off for volunteering My employer matches cash donations

How did you learn about SMILES? _____

- Why do you wish to volunteer:** Personal fulfillment School community service
 Court required community service

Do you have experience with horses?

- No Yes If yes, please describe _____



Photo Release

I do _____ I do not _____

Consent to authorize the use and reproduction by SMILES of any and all photographs and audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____

Health Information

Do you have any physical limitations that should be considered when you volunteer?

No Yes If yes, please describe: _____

Can you walk for 45 minutes and jog short distances?

No Yes

Can you hold your arm above shoulder height and support a modest amount of weight?

No Yes

Please further describe any medical conditions you may have regarding the physical and/or emotional demands of working with equine assisted activities where volunteer responsibilities may include walking for extended periods of time, jogging short distances, working in hot/humid/cold conditions throughout the year, working with clients who may have mild to severe mental and/or physical issues, and working with large animals.

Volunteer Questionnaire

Are you currently using any drugs?

No Yes If yes, please explain: _____

Have you ever been convicted of a criminal offense?

No Yes

Have you ever been charged with neglect, abuse or assault?

No Yes

Has your driver's license ever been suspended or revoked in any state?

No Yes

Have you ever had a background check/investigation?

No Yes If yes, by whom: _____ what date: _____

As stated on the Volunteer Code of Ethics form, a criminal background check of yourself will be conducted.



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Volunteer Opportunities

Your Volunteer Interests: *please place a check in the box next to your interest*

- **Class Volunteer.** I am interested in volunteering for the class session in the following way(s):

- Horse Leading (training required for all interested)
- Side Walking (training required for all interested)
- Class Volunteer Substitute List

Volunteers are encouraged to commit to a class the same time per week for an entire session.

- **Facility Volunteer**

- Grounds Maintenance
- Sensory Garden
- Hay
- Carpentry

- **Office Volunteer**

- Data Entry
- General Office Support

- **Special Events Volunteer**

- Serve on Special Event Planning Committees

- **Special Skills Volunteer.** If you have skills, technical or professional experience that may be beneficial to SMILES we encourage you to share them with us.

- Photography
- Construction
- Grant Writing
- Other _____



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VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize a representative of SMILES to secure and retain medical treatment and transportation if needed.

In the Event of an Emergency, Please Notify:

Name: _____ Phone: _____

Name: _____ Phone: _____

Physicians Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Do you have any health issues or physical limitations we should be aware of?

No Yes If yes please list: _____

Volunteer Liability Release

As a volunteer at SMILES: I acknowledge the risk and potential for risks of a horseback-riding program. However, I feel that the possible benefits to myself and the clients 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 damage against SMILES, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in SMILES PROGRAM. I understand that all information (written and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center without written consent from center management.

Date: ___/___/___ Signature: _____

Consent Plan

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

Date: ___/___/___ Consent Signature: _____

(Volunteer, Parent, or Guardian)

OR

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 volunteering or while 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: _____



VOLUNTEER CODE OF ETHICS

As a volunteer I WILL:

1. Listen and follow the directions of the Instructor at all times
2. Respect my fellow volunteers, riders, horses, staff and guests
3. Respect and support the decisions of staff and instructors in regard to the success of the program
4. Learn and stay well informed of Policies and Procedures
5. Actively participate in offered volunteer trainings
6. Help curtail any negative conversations or rumor related comments
7. Focus on the mission and needs of the organizations
8. Keep safety for myself and others in mind at all times
9. Always strive to be a more effective volunteer
10. Report ANY occurrences to the instructor immediately
11. Call as soon as I am aware I may be running late to class, or will be absent from class

ATTIRE: Due to the nature of activities with horses, please wear comfortable clothing, which you don't mind getting dirty. Suitable footwear must be worn at all times. No open-toed shoes or sandals are permitted when working with the horses. Please do not wear low-cut tops or tops that expose your midriff. Avoid dangling jewelry.

CONFIDENTIALITY: SMILES is bound by policy to maintain confidentiality of information regarding our clients, staff, and volunteers. Any personal information you may become privileged to through your time volunteering must not be shared with others.

BEHAVIOR OF A ROLE MODEL: When you agree to become a volunteer at SMILES, you also agree to become a role model. It is vital that you recognize the importance of being a positive role model, and use your behavior and attitude to set the tone for effective therapeutic riding activities. As a SMILES volunteer, we ask that you consistently model behavior that we ask of our clients, such as showing kindness to our therapy horses, treating staff members, fellow volunteers, and clients with respect, as well as refraining from inappropriate behavior (foul language, harassment, fighting, etc.).

BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK OF YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES.

As a SMILES volunteer I agree to adhere to and be responsible for maintaining the above code of ethics and understand my responsibilities as a volunteer.

Signature of Volunteer: _____ Date: _____