



Horses for the Spirit

4790 Caughlin Pkwy, #421, Reno, NV 89509-0907  
barbara@horsesforthespirit.org  
(775) 343-2566

## Volunteer/Staff Information

Date: \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_\_

Name: \_\_\_\_\_ Name you like to be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is the best way to get in touch with you? (In case of class cancellation or notification of other important information) **NON-EMERGENCY COMMUNICATIONS ARE DONE VIA EMAIL**

Home Phone  Work Phone  Cell Phone  E-mail  Other \_\_\_\_\_

Occupation: \_\_\_\_\_

Workplace/School: \_\_\_\_\_

Do you have CPR or First Aid Training?  CPR Expires \_\_\_\_\_  First Aid Expires \_\_\_\_\_

How did you learn about Horses for the Spirit? \_\_\_\_\_

Please describe any experience you have working with youth at-risk, or with people with special needs: \_\_\_\_\_

Please describe any experience you have working with horses: \_\_\_\_\_

Please describe your special talents and experiences that you would like to contribute to Horses For The Spirit: \_\_\_\_\_

What would you like to get out of volunteering with Horses For The Spirit? (This could be ANYTHING! Examples might be: learning more about horses, interacting with people, learning new ways of fund-raising, getting to be outside, learning to be an equine specialist, exposure to different teaching styles, having a place to go once a week.)

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How many hours do you want to volunteer? \_\_\_\_\_ hours per week / month (please circle one)

On what basis would you prefer to volunteer? Please check one:

- Regular Schedule       Short Term       As needed       Other: \_\_\_\_\_

When are you available? Please check and circle all that apply:

- Mon.** morning / afternoon / evening       **Thurs.** morning / afternoon / evening  
 **Tues.** morning / afternoon / evening       **Fri.** morning / afternoon / evening  
 **Wed.** morning / afternoon / evening       **Sat.** morning / afternoon / evening

### Program Participation

Please use the space below to let us know what your interests are, and where you would like to volunteer (Check as many as you like, & feel free to add your specialty to one of the blank spaces)

Facilities	Marketing / PR / Sales	Donations
<input type="checkbox"/> Construction	<input type="checkbox"/> Marketing Committee	<input type="checkbox"/> Arena Space
<input type="checkbox"/> Gardening / Outdoor work	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Hay / Feed
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Writing & Reporting	<input type="checkbox"/> Horses (subject to suitability)
<input type="checkbox"/> Ranch Hand	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Tack
	<input type="checkbox"/> Web Site	<input type="checkbox"/> Raffle Items
<b>Programs &amp; Education</b>		
<input type="checkbox"/> At Risk Youth		<b>General</b>
<input type="checkbox"/> Native American Youth		<input type="checkbox"/> Computers
<input type="checkbox"/> Disabled Youth & Adults	<b>Operations &amp; Volunteers</b>	<input type="checkbox"/> Crafts
<input type="checkbox"/> Professional Development	<input type="checkbox"/> Database Design/Develop	<input type="checkbox"/> Entertainer (specify)
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> CPA	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Sidewalking	<input type="checkbox"/> Attorney	<input type="checkbox"/> Music/Movement (specify)
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Mailings	<input type="checkbox"/> Painting
	<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Photography / Video
<b>Fundraising &amp; Events</b>	<input type="checkbox"/> Telephone Networking	<input type="checkbox"/> Sewing
<input type="checkbox"/> Food Service	<input type="checkbox"/> Volunteer Support	<input type="checkbox"/> Sign Making
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Stagecraft
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Board Member	<input type="checkbox"/> Artist (specify)
<input type="checkbox"/> Special Event Help		

## Confidentiality Agreement

Print Name: \_\_\_\_\_

Print Parent/Guardian Name (If Applicable): \_\_\_\_\_

### CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants of **Horses For The Spirit** is confidential and will not be shared with anyone without the **expressed written consent** of the participant and their parent/guardian in the case of a minor.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to **Horses For The Spirit** permission to take or have taken still and moving photographs and films, including television pictures, of (circle one) my/our (circle one) self – daughter – son – ward \_\_\_\_\_ (participant's name) and, consents and authorizes **Horses for the Spirit** to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional material, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to (circle one) me/our signature(s) to this release other than the intention of **Horses For The Spirit** and its work.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization For Emergency Medical Treatment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person to Contact In Case of Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

### **Consent Plan**

In the event emergency medical treatment is required due to illness or injury during the process of receiving services, or while assisting in the service of **Horses For The Spirit**, I authorize **Horses For The Spirit** to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

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

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Non-Consent Plan**

I do not give my consent for emergency medical treatment in the case of illness or injury during the process of receiving services, or while assisting in the service of **Horses For The Spirit**. In the event emergency treatment is required, I wish the following procedures to take place:

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Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health History

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in a program involving youth at-risk and horses. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Recent medical tests: Last Tetanus Shot: \_\_\_\_\_ Tuberculosis Test + - Date: \_\_\_\_\_

(Please consult your physician or local health department if you are not up to date with these shots/tests)

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in the programs of **Horses For The Spirit**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteer Liability Release

As a volunteer with **Horses For The Spirit**, I acknowledge the risks and potential for risks of a program with horses. 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 and my heirs and assigns, executors or administrators, waive and release forever all claims for damages against **Horses For The Spirit**, its board of directors, instructors, therapists, volunteers, clients, and/or employees for any and all injuries and/or losses I may sustain while participating with **Horses For The Spirit**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*If under 18:*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



4790 Caughlin Pkwy, #421, Reno, NV 89509  
Phone: 775-343-2530, Fax 775-786-5507

## Criminal Background Check Release

Please submit this form with a set of your fingerprints (acquired from one of the locations indicated on the enclosed list) and a check for \$18 (made out to Horses for the Spirit). Results of the background check will be kept confidential in the locked files at **Horses For The Spirit**. Additionally, you may request a copy of the report that is produced through this check.

*I, the undersigned, do hereby give consent to Horses for the Spirit (a 501c (3) non-profit organization) to submit my fingerprints to the FBI in order to obtain information regarding criminal history.*

Volunteer Legal Name (please print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

*If under 18:*

Parent/ Guardian Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## **FINGERPRINTING**

Horses for the Spirit's policy is that anyone who is working with children must have a criminal background check performed. To obtain the criminal background check, first you must be fingerprinted. Be prepared to pay cash for your fingerprints, the cost will be less than \$15. After you have obtained the cards with your fingerprints, please submit the fingerprints along with the Criminal Background Check Release Form and a check *made out to Horses for the Spirit in the amount of \$18.*

You have your choice of where you would like to go get your fingerprinting done. Here is a list of places in the Reno area:

### **Fingerprinting Express**

209 E. Plumb Lane  
Reno  
Phone: 775-322-5587

### **Reno Police Department**

455 East Second Street  
Reno  
Phone: 775-334-2155

### **Washoe Co. Sheriffs Office**

911 Parr Blvd.  
Reno  
Phone: 775-328-3032

You may also have the fingerprinting done at another local police department, or local county sherriff's department. You can look up their phone number and call to find out what time and cost.