



HorseSense for Special Riders, Inc.
Mailing Address: P.O Box 906, La Crosse WI 54602
Physical Address: W4102 Ober Road, Coon Valley WI 54623
Phone Number: (608) 791-4868 Email: info@hssr.org

Volunteer Application and Release - 2019

HorseSense is dedicated to enriching the lives of individuals with special needs through a partnership with the horse. Volunteers are a vital part of HorseSense. We could not offer the programs we have without the time, energy and efforts of our volunteers. We thank you for being a part of our mission! **Minimum age for volunteering is 14 years of age (horse leaders must be at least 15 years of age.)** Volunteering sessions take place at *W4102 Ober Rd, Coon Valley, WI* at the top of 10 Mile Hill, off of Hwy 14/61.

Volunteer General Information:

Today's Date: _____

Name: _____ Phone Number: _____

DOB: _____ E-mail: _____

Address: _____ City: _____

State: _____ Zip Code: _____

** Email to best reach you at: _____

** Phone Number to best reach you at: _____

** Preferred Contact: _____ Call _____ Text _____ Email

** *If volunteer is a **minor**, please have a parent or guardian please sign and fill out contact information.*

Parent/Guardian Name: _____

Phone Number: _____

Volunteer Emergency Information:

*Please place the information of the **person to contact in case of emergency.***

Name: _____ Relationship: _____ Preferred PH: _____

Preferred Medical Facility: _____

Insurance Company/Medical Assistance Number: _____

Policy Number: _____ Group #: _____

Please describe any **medical conditions and or allergies** requiring special precautions or treatment. Also any medical conditions or dosage:

Volunteer Background Checks:

State law allows agencies to conduct **background checks** on volunteers working directly with children. Do you authorize HorseSense to do so? _____ Yes _____ No

Photo Release:

I consent to authorize the use of and reproduction by HorseSense for Special Riders., of any and all photographs and any other audio-visual materials taken of me for promotional purposes, educational activities, or any other use for the benefit of the program. _____ (Volunteer initials)



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Additional Information:

Program Volunteer	Barn/Facility Volunteer	Administration
<input type="checkbox"/> Horse leading <input type="checkbox"/> Sidewalking <input type="checkbox"/> Lesson Assistant	<input type="checkbox"/> Barn/Facility maintenance <input type="checkbox"/> Site workdays <input type="checkbox"/> Arena maintenance <input type="checkbox"/> Chores	<input type="checkbox"/> Newsletters/mailings <input type="checkbox"/> Fundraising <input type="checkbox"/> Volunteer recruitment <input type="checkbox"/> Photography/video

Please list 1-3 the days and times you prefer to VOLUNTEER. With “1” being your first choice and “3” being your last choice.

**** NOTE:** some days and times are subject to change dependant upon rider and volunteer availability.. **

Spring Session 2019: <i>March 11th - May 13th, 2019 (10 weeks)</i>	<input type="checkbox"/> <u>Mondays</u> 4:00pm - 7:00pm <input type="checkbox"/> <u>Tuesdays</u> 5:00pm - 7:00pm <input type="checkbox"/> <u>Wednesdays</u> 4:00pm - 6:00pm <input type="checkbox"/> <u>Thursdays</u> 5:00pm - 7:00pm
Summer Session 2019: <i>June 3rd - August 19th, 2019 (11 weeks)</i>	<input type="checkbox"/> <u>Mondays</u> 4:00pm - 7:00pm <input type="checkbox"/> <u>Tuesdays</u> 5:00pm - 8:00pm <input type="checkbox"/> <u>Wednesdays</u> 4:00pm - 6:00pm <input type="checkbox"/> <u>Thursdays</u> 5:00pm - 8:00pm
Fall Session 2019: <i>September 9th - November 11th, 2019 (10 weeks)</i>	<input type="checkbox"/> <u>Mondays</u> 4:00pm - 7:00pm <input type="checkbox"/> <u>Tuesdays</u> 5:00pm - 8:00pm <input type="checkbox"/> <u>Wednesday</u> 4:00pm - 7:00pm <input type="checkbox"/> <u>Thursdays</u> 5:00pm - 8:00pm

Please pick what day(s) you are able to come to Volunteer Orientation.

****DATES and TIMES may change depending upon volunteer need and schedule****

Spring: <i>March 11th - May 13th, 2019 (10 weeks)</i>	<input type="checkbox"/> Tuesday, March 5th (5:00pm - 8:00pm) <input type="checkbox"/> Wednesday, March 6th (5:00pm - 8:00pm)
Summer: <i>June 3rd - August 19th, 2019 (11 weeks)</i>	<input type="checkbox"/> Tuesday, May 28th (5:00pm - 8:00pm) <input type="checkbox"/> Wednesday, May 29th (5:00pm - 8:00pm)
Fall: <i>September 9th - November 11th, 2019 (10 weeks)</i>	<input type="checkbox"/> Tuesday, September 3rd (5:00pm - 8:00pm) <input type="checkbox"/> Wednesday, September 4th (5:00pm - 8:00pm)



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RELEASE

*By submitting this form, I hereby request permission for the above named applicant (hereafter referred to as the "Participant") to participate in HorseSense for Special Riders. *I represent and warrant to you that the Participant is physically and mentally able to participate in HorseSense for Special Riders. *I acknowledge that the Participant will be using Facilities at his or her own risk. *I specifically grant permission to you to use the likeness, voice and words of the Participant in television, radio, films, newspapers, magazines and other media, and in any form not heretofore described, for the purpose of advertising or communicating the purposes and activities of HorseSense for Special Riders. *I hereby authorize HorseSense for Special Riders to take such measures and arrange for such medical and hospital treatment as may be deemed advisable for the health and well-being of the Participant in the event the Participant becomes ill or injured at any HorseSense for Special Riders activity and no responsible adult authorized to act on the Participant's behalf is immediately available to be consulted as to appropriate medical care for the Participant. *Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, being aware of the risks and hazards inherent entering on the premises of the Stable or participating in any activities on or around horses, elects voluntarily to enter on the premises of the Stable, knowing their present condition and knowing that their condition may become hazardous and dangerous during the time that each of the undersigned and the undersigned's family, guests and invitees is on the premises of the Stable. Each of the undersigned, individually and on behalf of the undersigned's family, guests and invitees, voluntarily assumes all risks of loss, damage or injury, including death, that may be sustained by any or each of the undersigned and the undersigned's family, guests and invitees while in or on the premises. *This release is binding on the undersigned and the undersigned's family, guests and invitees, and their respective heirs, executors, administrators, personal representatives and assigns. In signing this release, each of the undersigned acknowledges and represents that he or she: (1) Has read the foregoing release, understands it and signs it voluntarily; (2) Is 18 years of age or older and of sound mind; (3) Is not an agent, servant or employee of the Stable; (4) Has authority to sign this Release for the undersigned's family, guests and invitees; (5) Will indemnify and hold harmless the Stable for any and all costs and expenses, including attorney's fees arising out of any matters released hereunder. *I am aware of the significant risks of injury that horseback riding and horse-related activities may cause to myself/my son/my daughter/my ward, however I feel that the possible benefits to myself/my son/my daughter/my ward are greater than and out weigh the risk assumed. By signing this agreement I am assuming all risk and do hereby understand that horses are animals, not subject to any guarantee of reliability. Therefore, I agree to release, indemnify and hold harmless HorseSense for Special Riders, Inc., the Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees from all liability they may incur. *In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: "NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, FULLY UNDERSTAND AND AGREE TO BE BOUND BY THE PROVISIONS OF THIS REGISTRATION & RELEASE

Parent/Guardian or Adult Volunteer Signature: _____ Date: _____



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Volunteer Criminal Record Check Authorization Form

* You do not have to fill out this form if you have filled it out with our program within the past three years.*

I, _____ authorize any department of justice and/or federal, local, or county law enforcement agency to release any records I have to HorseSense for Special Riders, Inc. I authorize the following agencies to release any records I may have to HorseSense for Special Riders, Inc

- * *FED Law Enforcement Agency*
- * *County Law Enforcement Agency*
- * *Local Law Enforcement Agency*
- * *County Dept of Human Services*

By signing this form, I am giving consent. Also by signing this form, I attest that the below information is accurate.

Name _____

Other Name (including maiden) _____

D.O.B. _____

SS# _____

Current Address _____

Driver's License # _____

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. I hereby release HorseSense for Special Riders, Inc. from all legal responsibilities or liability that may arise from this act. Unless revoked, this authorization will remain in effect 12 months from the signature date below.

As evidenced by my signature, I hereby authorize disclosure of records to the person(s) or agency(s) specified above.

Signature: _____

Date: _____