



VOLUNTEER APPLICATION...

All Volunteers must be at least 14 years old.

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone #'s...Home _____ Work _____ Cell _____

Place of Employment _____

Address _____ City _____ State _____ Zip _____

If you are a student, school name _____

What is the best way to contact you...(in case of cancellation or other important information)...

Home Phone _____ Work _____ Cell _____

email address _____

IN CASE OF AN EMERGENCY...

In case of an emergency, I give permission to MAGICAL Meadows to secure medical treatment including x-ray, surgery, hospitalization and medication.

Name _____ Home Phone _____ Work Phone _____

Address _____

Physician _____ Phone _____

Hospital Name _____ City _____

ALLERGIES _____

Consent Signature _____ Date _____

Non-Consent Signature _____ Date _____

PHOTO & MEDIA RELEASE...

I consent to and authorize the use and reproduction by MAGICAL Meadows Riding Center of any and all photographs & any audio-visual materials of me for promotional material, educational activities, publications, broadcast, website or for any use for the benefit of the program.

Consent Signature _____ Date _____

Non-Consent Signature _____ Date _____



MAGICAL MEADOWS
THERAPEUTIC
Horseback Riding Center

STATEMENT of CONFIDENTIALITY...

The inherent right of all individuals is to be respected as equal. In all our programs, we are committed to maintain the highest ethical standard in respect to personal information. Therefore, the MAGICAL Meadows, Inc. has established this Statement of Confidentiality.

I, the undersigned, agree to hold in confidence all information given to me regarding any specific individual here at MAGICAL Meadows. All health histories and personal information regarding particular individuals is covered by this agreement.

I will not discuss with my family, friends, acquaintances, or general public, specific individuals, riders, staff or volunteers, or any information relating to an individual here at MAGICAL Meadows.

Signature _____ Date _____



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VOLUNTEER TERMINATION POLICY...

Volunteering at MAGICAL Meadows is a privilege. We do appreciate all the skill, energy and commitment volunteers bring to our programs. Sometimes it may be necessary to remove a volunteer from a specific class or from programs of MAGICAL Meadows.

Please understand, for the safety, security and continuation of excellence in programs, an inattentive volunteer, or one who cannot perform the functions or duties of a volunteer, will be removed from classes, and may be placed at other aspects of the program, or invited NOT to return to MAGICAL Meadows.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to work/volunteer at MAGICAL Meadows. If there may be a question, MAGICAL Meadows staff will ere on the side of caution, and will not permit the individual to volunteer.

Signature _____ Date _____



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VOLUNTEER LIABILITY RELEASE...

As a volunteer at the MAGICAL Meadows Riding Center, I acknowledge the risks and potential risks of a horseback riding program. However, I feel that the possible benefits to myself and the special riders that 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 The MAGICAL Meadows, Inc., its advisory council, instructors, therapists, volunteers, riders, and/or employers for any and all injuries and/or losses I may sustain while participating at the MAGICAL Meadows Riding Center.

Name/Signature _____ Date _____

If under 18:
Parent/Guardian Name/Signature _____ Date _____



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BACKGROUND CHECK FOR VOLUNTEERING...

(Mandatory to Complete the Following)

Volunteer Legal Name _____ Date _____

Date of Birth _____ Social Security # _____

I hereby authorize the MAGICAL Meadows Inc. to conduct a limited criminal history check on me through the Indiana Criminal Justice Institute on-line database. I understand that this confidential information will be kept in the locked files at the MAGICAL Meadows. In addition, I may request a copy of this report that is produced through this check.

Name/Signature _____ Date _____

If under 18:
Parent/Guardian Name/Signature _____ Date _____



Volunteer ADDITIONAL INFORMATION...

...Any Medical Limitations relating to your ability to complete your volunteer duties?

...Explain the experience, if any, you have had working with horses.
(No experience necessary)

...Explain the experiences, if any, you have had working with people who have special-needs.
(No experience necessary)

...How did you hear about MAGICAL Meadows?

...Any additional comments or questions?

EMAIL address _____