



## **SVTRC**

Swan View Therapeutic Riding Center, Inc.  
7905 Briar Road  
Azle Texas 76020  
817-444-8499  
www.svtrc.org



Thank you for expressing interest in SVTRC.

There is some paperwork that must be completed for each volunteer. Please have the appropriate people complete the enclosed forms for each applicant:

- Volunteer Registration Form
- Confidentiality Policy
- Code of Conduct for Volunteers
- Volunteer Emergency Medical Form
- Volunteer Liability Release Agreement
- Volunteer Consent to Photograph, Video Tape, Televised Recordings and/or Like Media Recordings
- References
- Youth Consent For Criminal Background History Check
- Consent For Criminal Background History Check
- Volunteer Agreement

Again, thank you for your interest in SVTRC and if you have any questions please contact me.

Cathleen Thatcher  
Founder, Director, Head Riding Instructor  
7905 Briar Road  
Azle, Texas 76020  
817-444-8499  
svtrc@svtrc.org

# VOLUNTEER REGISTRATION FORM

Today's Date: \_\_\_\_\_

## I. Personal Information

Change of address?

Birth Date: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

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

Home Ph: (\_\_\_\_) \_\_\_\_\_

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

Work Ph: (\_\_\_\_) \_\_\_\_\_

May we contact you at work?  Yes  No

Mobile Ph: (\_\_\_\_) \_\_\_\_\_

May we contact you via email?  Yes  No

Parent/guardian/caregiver name & phone: \_\_\_\_\_

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

Do you have any physical limitations? Describe \_\_\_\_\_

## II. General Information

How did you hear about SVTRC: \_\_\_\_\_

Why are you interested in volunteering at SVTRC?: \_\_\_\_\_

Have you volunteered with SVTRC before? Yes No Date: \_\_\_\_\_

Describe your experience with horses? \_\_\_\_\_

SVTRC Horse Handlers must know how to groom, tack, and lead horses and have knowledge of horse temperament. Do you think you qualify as a Horse Handler or Leader? \_\_\_\_\_

## III. Interest Areas

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Sidewalker                   | <input type="checkbox"/> Feeding Horses    |   |
| <input type="checkbox"/> Special Olympics Events      | <input type="checkbox"/> Stable Care       |   |
| <input type="checkbox"/> Coordinating Volunteers      | <input type="checkbox"/> Equipment Care    |   |
| <input type="checkbox"/> Preparing Posters/Signs/Etc. | <input type="checkbox"/> Hay Hauling       | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Office Administration        | <input type="checkbox"/> Ranch Maintenance | <input type="checkbox"/> Special Events     |

### Skill Areas

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Horse Leader/Handler  | <input type="checkbox"/> Computer Projects | <input type="checkbox"/> Public Speaking/Relations |
| <input type="checkbox"/> Training Horses       | <input type="checkbox"/> Fence Work        | <input type="checkbox"/> Marketing /Advertising    |
| <input type="checkbox"/> Welding               | <input type="checkbox"/> Carpentry         | <input type="checkbox"/> Committee Participation   |
| <input type="checkbox"/> Plumbing              | <input type="checkbox"/> Electrical Work   | <input type="checkbox"/> Fund Raising              |
| <input type="checkbox"/> Facility Improvements |  | <input type="checkbox"/> Board Recruitment         |

Please list any other information about yourself that you feel could be useful to the program.

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

## **CONFIDENTIALITY POLICY**

SVTRC shall preserve the right of confidentiality for all individuals in its program.

No one associated with SVTRC will reveal any medical, social, referral, personal and financial information regarding any participant or any other person associated with SVTRC to anyone unless required by court order.

This policy applies to:

- Participants
- Full and part-time staff
- Independent contractors
- Temporary employees
- Volunteers
- Board members

Infants and children under age 18 do not have legal authority to consent to disclosure. Only parent(s), legal representatives, or others defined by state statute generally have this authority.

Failure to comply can result in reprimand, loss of certain job responsibilities, or termination.

*I understand and will observe the confidentiality policy of SVTRC.*

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*Signature*

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*Date*

## **CODE OF CONDUCT FOR VOLUNTEERS**

We will honor our commitment to confidentiality, which is signed under the Volunteer Contract.

We will always abide by the Code of Conduct and the Policies and Procedures for Volunteers.

We will cooperate fully with our staff supervisor and be open to their guidance.

We will represent SVTRC in a positive manner to the larger community.

We will not represent SVTRC in any capacity while under the influence of alcohol or illegal drugs.

We will not smoke, use drugs or alcohol, or possess a weapon while on SVTRC property.

We will not sexually harass participants, employees, or other volunteers.

We will not physically or verbally abuse any person or animal while on SVTRC property.

*I understand and will abide by the SVTRC Code of Conduct.*

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*Signature*

---

*Date*

# Volunteer Emergency Medical Form

Volunteer's Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Day Ph: (\_\_\_\_\_) \_\_\_\_\_ Eve.Ph:(\_\_\_\_\_) \_\_\_\_\_

Describe any medical conditions requiring special precautions or treatment and/or any medications including dosage.

None or describe: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, ("Volunteer"), am over 18 years of age and fully competent to sign this Emergency Medical Form, which I have read and understand, or if under age, Volunteer has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form. No person can be a Volunteer until this form is completed.

In case of medical emergency or necessity, Volunteer authorizes SVTRC to seek or provide such medical assistance as may be necessary or advisable and further authorizes SVTRC to seek the assistance of any physician or medical facility to provide any medical/surgical care, including but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Volunteer.

Riding instruction will be under strict supervision, and, although every effort will be made to avoid any accident, Volunteer understand that NO LIABILITY can be accepted by any of the organizations concerned, including SVTRC and Swan View Farm, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provision shall remain in full force and effect.

**Consent Plan**

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 person below is unable to be reached.

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

Volunteer, Parent or Guardian

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

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

**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 service or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures take place:

Date: \_\_\_\_\_ ConsentSignature: \_\_\_\_\_

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

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

## Volunteer Liability Release Agreement

I, \_\_\_\_\_, (Volunteer's Name) would like to participate in the SVTRC program. I acknowledge the risks and potential risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against SVTRC, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I may sustain while participating in SVTRC programs.

WARNING - Under Texas law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Volunteer, Parent Guardian, or Adult Caregiver

## Volunteer Consent to Photograph, Video Tape, Televised Recordings and/or Like Media Recordings

I hereby (Check one):  **Consent**  **Do NOT Consent**

to authorize SVTRC's right to photograph, televise, film, video tape and/or sound record the acts, appearances, and utterance of the undersigned and to use any descriptive words or names, including the name of the undersigned in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, video tapes and/or sound recordings for any purpose which SVTRC deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material. All such photographs, films and/or sound recordings shall be the exclusive property of SVTRC, and I hereby relinquish all right, title and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of SVTRC, to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding SVTRC and its work.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Volunteer or Parent/Guardian if under 18

## References

List other organizations you have volunteered with (if any)

Name of Organization	Volunteer Position	Supervisor & phone #
1.		
2.		

Personal References

Name	Phone # + Area code	Known in what capacity	Known how long?
1.			
2.			

I hereby give permission to SVTRC to perform reference checks.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Volunteer or Parent/Guardian if under 18

**YOUTH CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
AUTHORIZATION/WAIVER/INDEMNITY**

I hereby give my permission for SVTRC to obtain information relating to my criminal history record of my child, \_\_\_\_\_ . The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify the reporting agency and each of their officers, directors, employees, and agents harmless from and against any and all causes of actions, suits, liabilities, costs, debts and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Parent/Guardian's Printed Name

Name: (Please print): \_\_\_\_\_

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

Sex:  Male  
 Female

Race: \_\_\_\_\_

SVTRC will treat all criminal history information as confidential and shall limit the number of people who have access to such information. All criminal history information will be shredded within 5 days (never to exceed 30 days) once a final decision has been reached as to each applicant's suitability for placement as a volunteer or employee.

**CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: (Please print): \_\_\_\_\_

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

Sex:  Male  
 Female

Race: \_\_\_\_\_

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Swan View Therapeutic Riding Center, Inc.  
**VOLUNTEER AGREEMENT**

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of our deep appreciation of your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. Agency

We agree to accept the services of \_\_\_\_\_, and commit to the following:

1. To provide information, training, and assistance to aid you in meeting your responsibilities.
2. To provide you supervisory aid.
3. To respect your skills, dignity, and individual needs.
4. To be receptive to any comments you may have regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat you as a partner with our staff, jointly responsible for completion of our mission.

II. Volunteer

I, \_\_\_\_\_, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To serve as a volunteer without receiving any monetary compensation or other financial benefits for my service.
3. To adhere to your rules and procedures, including record keeping requirements and confidentiality of agency and participant information.
4. To meet time and duty commitments, or when necessary to provide another SVTRC volunteer capable of covering my responsibilities.

\_\_\_\_\_  
SVTRC Representative Signature

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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