



Volunteer Registration & Release Forms

Last Name: _____ First Name: _____

Date of Birth: _____

Street Address: _____

City: _____ Zip: _____ State: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Email Address: _____

***If Volunteer is Under age 18: ***

*Name of Parent/Guardian: _____

*Parent/Guardian's Cell Phone: (____) _____ Work Phone: (____) _____

*Parent/Guardian's Place of Employment: _____ City: _____

What interests you about volunteering at CSR?

Have you ever interacted with a horse? Circle: YES or NO (*Note: NO experience needed to volunteer*)

If yes, briefly explain level/type of experience:

Do you have any experience working with individuals with disabilities? (*Please circle*) YES / NO

If yes, please explain:

Photo Release

(Please check one):

I do _____ / I do NOT _____ consent to and authorize the use and reproduction by Cedar Springs Ranch of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature _____ Date: _____

(Volunteer, Parent or Guardian)



Liability Release

I, _____ (Volunteer's Name), would like to volunteer in the animal interaction & equine program at Cedar Springs Ranch. I acknowledge the risks and potential for risks involved with animal/equine interaction and horseback riding. However, I feel the possible benefits of myself/my son/my daughter/my ward 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 damages against Cedar Springs Ranch, its Board of Elders, Instructors, Trainers, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in programs at Cedar Springs Ranch.

Signature: _____ Date: _____
(Volunteer, Parent or Guardian)

Authorization/Emergency Medical Treatment

In the event of an emergency that medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Cedar Springs Ranch to do the following: secure and retain medical treatment and transportation if needed and release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Medical Emergency Contact Numbers

Primary Contact: _____ Phone: _____
Secondary Contact: _____ Phone: _____
Physician's Name: _____ Phone: _____
Preferred Medical Facility: _____ City: _____
Health Insurance Co: _____ Policy #: _____

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 emergency contacts are unable to be reached.

Print Name: _____ Date: _____

Consent Signature: _____

(Volunteer, Parent or Guardian)



Volunteer's Medical History

Volunteer's Name: _____ DOB: _____

Height: _____ Weight: _____

Allergies: _____

Past Surgeries: _____ Date: _____

_____ Date: _____

Up to Date on vaccinations: *(Circle one)* YES / NO

Medications (include prescription and over-the-counter, name, dose, and frequency):

Side Effects: _____

Personal Health or fitness concerns limiting involvement at CSR: *(Please list/explain briefly)*

Additional Comments:

Confidentiality Agreement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the participants, their families, and to each other.

I am fully aware that Cedar Springs Ranch serves children, youth and adults who are challenged in various ways, and may have disabilities, including but not limited to, mental and physical disabilities, abuse/neglect, mental illness, dependency issues, depression, anxiety and more.

Information about a participant's condition, care/treatment, personal affairs and records is strictly confidential. Such information may not be discussed with anyone including physicians, therapists, employees, or volunteers who are responsible for the participant's care, *unless* the participant/their parent or guardian has authorized release of information, or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of rider information may result in immediate dismissal.

Signature _____ Date _____



Background Information:

Must be completed by all volunteers and staff 18 years of age or older.

Have you ever been charged with or convicted of a crime? No Yes
If yes, please explain

I, _____ (volunteer/staff name), authorize Cedar Springs Ranch (CSR) to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal governments, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the Cedar Springs Ranch center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Expectations Agreement

To ensure a safe environment while engaging in healing interaction with animals/horses as stated in the Cedar Springs Ranch's (CSR) Mission Statement, **I acknowledge the expectations required of all CSR volunteers and staff.** I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, then dismissal from CSR.

- Safety is the top priority when interacting with animals/horses, whether grooming and/or tacking the horses, side walking, or handling the animals/horses during or outside of lesson time.
- Listen to and obey the instructor
- Follow the barn rules which include, but are not limited to:
 - God is present at all times
 - No smoking, alcohol use or drugs
 - No running or yelling, unless there is an emergency
 - No foul language
 - No "horse play"
 - No hand feeding the horses/animals
- Follow the Dress Code for personal safety and professionalism
- Be courteous and work as a team member. This includes:
 - Speaking about and interacting positively with CSR personnel, volunteers, and participants
 - Understanding the roles of Side Walker, Horse Handler, and lesson assistant
 - Asking questions when not fully understanding what is needed
 - Arriving in a punctual manner
 - Contacting the Program Coordinator in advance when a scheduling conflict arises

Signature _____ Date _____



Information & Medical Accuracy Acknowledgement Statement:

I hereby acknowledge that the above noted personal and medical information is accurate and complete to the best of my knowledge, and does not preclude [me/my ward] from participation in the equine-assisted activities, or animal interaction activities as a volunteer. I understand that the center/staff reserve the right to discontinue my involvement should any information be found inaccurate or withheld. The center/staff will use their discretion in an on-going basis for any changes or adaptations necessary for my continuing involvement.

Written Name: _____ Date: _____

Consent Signature: _____ Date: _____