



HORSES WITH HEART

2705 S Hwy 89, Chino Valley, AZ 86323
Office: (928) 533-9178

2024 Form

VOLUNTEER AGREEMENT

Office Use Only:

Orientation Date: _____ Initials: _____

Vol. Agreement Review Date: _____ Initials: _____

Today's Date: _____

New to HWH? Yes No When did you volunteer with HWH before? _____

Volunteer's Name: _____ DOB: _____ Age: _____

Mailing Address: _____ City/State/Zip: _____

Home Telephone: _____ Cell: _____ Text Message: Yes No

Volunteer's E-mail Address: _____

Parent/Guardian Name and Phone Number (if 18 years of age or under): _____

In case of emergency, please notify: _____ **Phone:** _____

Relationship: _____

Veteran/Active Military? Yes Branch of Service: _____ Separation Date: _____

How did you hear about Horses with Heart? _____

GENERAL INFORMATION	YES	NO
Do you know American Sign Language?		
Have you worked with people with disabilities before? If yes, please explain in the space below: _____		
Do you have experience working with horses/ponies?		

RISK MANAGEMENT ACKNOWLEDGEMENTS	Please Initial Your Agreement
I will not smoke while on the property of HWH unless I do so inside my car.	
I will not use drugs or alcohol while on the property of HWH or just prior to my arrival.	
I will not bring weapons on HWH property.	
I will wear an approved ASTM-SEI approved riding helmet if I'm authorized to ride any horse.	
I will not feed horses. Hand feeding encourages biting and nipping.	
Horses are unpredictable. They may kick, bite, or step on me.	
I will dress appropriately for the work that I will be doing (modest shirts & pants), always considering the weather and wearing hard-soled, closed-toe, sturdy shoes or boots.	

VOLUNTEER POLICIES & STATEMENTS



NON-DISCRIMINATION POLICY –

Horses with Heart is committed to providing an environment free from all types of harassment and discrimination. Horses with Heart prohibits and will not tolerate harassment or discrimination by anyone affiliated with or those who do business with Horses with Heart.

It is our policy to maintain a positive environment free from all forms of harassment or discrimination and to insist that everyone be treated with dignity, respect and courtesy. All complaints of harassment or discrimination will be thoroughly, promptly, and objectively investigated.

Date: _____ Signature: _____
Volunteer, Parent/Guardian (required if 18 years of age or under)

CONFIDENTIALITY STATEMENT –

Contractors, Volunteers, Participants and families have a right to privacy that gives them control over the dissemination of their medical and/or other sensitive information. Horses with Heart shall preserve that right of confidentiality for all individuals in its program. I, by signing below, acknowledge this policy and will abide by it.

Date: _____ Signature: _____
Volunteer, Parent/Guardian (required if 18 years of age or under)

PHOTO/VIDEO RELEASE –

I, hereby, consent to and authorize the use and reproduction by Horses with Heart of all still and video photography and any other audio/visual materials taken of me or my child or my ward or my family for promotional purposes to include but not limited to printed material, educational activities, exhibitions, or any other use for the benefit of the program.

I CONSENT I DO NOT CONSENT

Date: _____ Signature: _____
Volunteer, Parent/Guardian (required if under 18 years of age)

BACKGROUND INFORMATION –

Have you ever been charged with or convicted of a crime? Yes No Please explain: _____

I, _____, authorize Horses with Heart to receive information from any law enforcement agency, including police departments and sheriff departments, of the state (Arizona) or any other state or federal government, 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 I expressly DO NOT authorize the PATH Intl. Center, Horses with Heart, its directors, officers, contractors, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Date: _____ Signature: _____
Volunteer, Parent/Guardian (required if under 18 years of age)

DISMISSAL OF VOLUNTEERS AND/OR GUESTS –

Volunteers and guests may be discharged if behavior becomes disruptive, inappropriate, or threatens the safety of other people or equines. Also, volunteers may be discharged if they are no longer suited for volunteer activities.

Date: _____ Signature: _____
Volunteer, Parent/Guardian (required if under 18 years of age)



HORSES WITH HEART AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency 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 Horses with Heart to:

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

Participant Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip Code: _____

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

Emergency Contact Person(s):

1. Name: _____ Phone: (____) _____ Relationship: _____

2. Name: _____ Phone: (____) _____ Relationship: _____

3. Physician's Name: _____ Phone: (____) _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Insurance ID: _____

Group ID: _____

HEALTH HISTORY, ALLERGIES, and MEDICATIONS

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent lifestyle changes.

Allergies: _____

Seizures? Yes No If yes, are they controlled? Yes No

Date of last seizure: _____

Medications: _____

Recent Hospitalizations/Surgeries: _____

HORSES WITH HEART LIABILITY RELEASE

Horses are unpredictable and even the most docile animal can and may step on, bite, push off balance, stumble, throw, or otherwise injure any person working with or around it. I will exercise safety precautions for my own protection, and I agree to abide by the policies and procedures of Horses with Heart. I also agree to exercise proper care and conduct at all times while on or near any horse.

Neither Horses with Heart nor any of its Officers, Instructors, Volunteers, Participants, Contractors, Agents or Owners of the property where Horses with Heart events are conducted shall be held liable for any claims, demands, injuries, or damages, arising out of or in connection with my participation in any Horses with Heart event.

I further acknowledge that I will not hold Horses with Heart, its Officers, Instructors, Volunteers, Participants, Agents, Contractors, or Owners of the property where Horses with Heart events are conducted, liable or responsible for any injury or sickness and disease (including COVID-19 and other communicable diseases) sustained or contracted by me while participating in activities at sites where horse therapeutic/therapy classes and related events may be held. I ride and/or participate at my own risk and agree to take all necessary precautions to prevent any and all accidents including any and all precautions for COVID-19 and other communicable diseases. These precautions include, but are not limited to, the wearing of protective headgear and those as recommended by the CDC and other governmental health agencies.

I hereby release Horses with Heart, its Officers, Instructors, Volunteers, Participants, Contractors, Agents as well as the Owner of the property, where lessons, horse shows or other Horses with Heart events occur, from all liability for property damage and personal injury and illness to me, and I assume the risk of injury, illness or death which I may sustain arising from approaching, handling, or riding a horse in connection with Horses with Heart activities or participation of any activity with Horses with Heart.

This agreement shall apply to any horse or horses being used or maintained upon the grounds where a Horses with Heart event is being held, or any person or equipment affiliated with said event.

VOLUNTEERS: I am physically able to undertake all reasonable volunteers' activities and I participate in such activities at my own risk. VOLUNTEER INITIALS: _____
Jr. Vol. Parent/Guardian (required if under 18 years of age) INITIALS: _____

Furthermore, I assume full responsibility and liability for the conduct and safety of any and all persons I bring onto the property where Horses with Heart events are conducted, including minors.

WARNING: Under Arizona law, a sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to A.R.S. §12-553.

I have read all the above and waive any claim which may arise against Horses with Heart, its Officers, Instructors, Volunteers, Participants, Contractors, Agents or Owners of the property where Horses with Heart events are conducted. I accept the risks involve serious personal injury and illness, including death, and that Horses with Heart cannot prevent you from being exposed to or contracting or the spreading of COVID-19.

This agreement is effective upon signing. I agree to pay all costs and attorneys' fees arising from any suit, legal proceedings or threatened proceedings that are or may be brought by me contrary to the terms of this Agreement.

Printed Name of Volunteer: _____

Signature of Volunteer

Signature of Parent/Guardian (required if under 18 years of age)

Date: _____

***All Participant, Contractor, and Volunteer information is required to be reviewed and updated annually.
Please return forms to: Horses with Heart, P.O. Box 2427, Chino Valley, AZ 86323 (928) 533-9178.***