



# HORSES WITH HEART

A PATH INTL. PREMIER ACCREDITED CENTER  
P.O. Box 2427, Chino Valley, AZ 86323  
Office: (928) 533-9178

Agreement Reviewed Date _____ By _____
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## VOLUNTEER AGREEMENT UPDATE FORM FOR RETURNING VOLUNTEERS (ACTIVE WITHIN THE LAST YEAR)

Volunteer's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Any Changes to Mailing Address? YES  NO  If yes, what is your new address?  
\_\_\_\_\_

Any Changes to Phone number(s)? YES  NO  If yes, what? (Describe if home, cell, office)  
\_\_\_\_\_

Any Changes to Email? YES  NO  If yes, what?  
\_\_\_\_\_

Any Changes to Emergency Contact? YES  NO  If yes, whom? \_\_\_\_\_  
Phone \_\_\_\_\_ Relationship: \_\_\_\_\_

Have your volunteer interests changed? YES  NO  If yes, what other "tasks"/opportunities would you like to pursue?  
\_\_\_\_\_

T-Shirt Size?  S  M  L  XL  XXL (Shirts are Men's sizes – Men's Medium = Women's Large, etc.)

Photo/Video Release? CONSENT  NON-CONSENT

Any updates to health or medical history from the previous year? (Ex. surgeries, injuries, allergies, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### ILLNESS POLICY:

We want to make sure that our Participants and Volunteers stay healthy. Many of the individuals we serve can become sick easily due to weak immune systems. For the wellbeing of all, it is very important that everyone adhere to our Illness Policy.

Participants and Volunteers must be free of the following symptoms and/or conditions for 48 hours before arriving at Horses with Heart.

- Temperature of 100 or higher\*\*
- Vomiting
- Two or more cold symptoms\*\*
- Undiagnosed rash on the body
- Colored mucus discharge
- Cloudy discharge from the eye(s)
- Any communicable disease

**COVID POLICY:** The latest CDC policy will be followed. Please refer to <https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>

**FOR OTHER ILLNESSES:** \*\*Symptoms and/or fever must remain absent without the use of Tylenol (Acetaminophen), Advil (Ibuprofen) or any other antipyretic (fever reducer) for a minimum of 48 hours.

If you have any of the above symptoms and/or conditions, please directly contact the person for whom you volunteer (e.g. Volunteer Coordinator, Horse Care Coordinator, Instructor, etc.) ASAP. We do realize that illness can come on suddenly and per our Illness Policy, please stay home if you are not well.

I agree to follow the HwH Illness Policy. \_\_\_\_\_  
*Signature of Volunteer or of Parent/Guardian (required if under 18 years of age)*

**VOLUNTEER AREAS:**

Please indicate in which areas you would like to volunteer this year.

<p><b>Working with Special Needs Clientele:</b>  <input type="checkbox"/> School or Group Tours/Off-site visits –                  Marvelous Mini Program (<i>as sched.</i>)  <input type="checkbox"/> Competition Team Shows and Practices  <input type="checkbox"/> Safety Support Team - helping with                  Therapeutic Riding Lessons (<i>Mon.,                  Tues., Thurs., Fri.</i>) 6-week                  commitment at a time  <input type="checkbox"/> Working with Veterans</p>	<p><b>Office:</b>  <input type="checkbox"/> Phoning  <input type="checkbox"/> General office help (data entry, filing,                  etc.)  <input type="checkbox"/> Cleaning Office  <input type="checkbox"/> Cleaning the Rose Shed</p>	<p><b>Committee Opportunities:</b>  <input type="checkbox"/> Fundraising  <input type="checkbox"/> Marketing  <input type="checkbox"/> Volunteer Committee  <input type="checkbox"/> Events Committee</p>
<p><b>Barn Duties:</b>  <input type="checkbox"/> Cleaning Stalls (<i>pick one or more AM/PM;                  Sunday - Saturday</i>)  <input type="checkbox"/> Grooming Horses (<i>Wednesday AM</i>)  <input type="checkbox"/> Feeding Lunches &amp; when needed  <input type="checkbox"/> Cleaning Tack/Helping with Tack Sales</p>	<p><b>Grounds Duties:</b>  <input type="checkbox"/> Construction  <input type="checkbox"/> Equipment upkeep, cleaning,                  repair  <input type="checkbox"/> Facility maintenance, Grounds-                  keeping</p>	<p><b>Other:</b> Please share any special                  talents or skills that might                  benefit HwH.</p>

Please indicate days and times that you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Signature: \_\_\_\_\_  
*Signature of Volunteer or of Parent/Guardian (required if under 18 years of age)*

Please initial, sign and date the 2023 Liability Release on the next page of this form.

## 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.***