



HOPE – HORses helping PEople, Inc.



Welcome New Volunteer!

Thank you for your interest in volunteering at HOPE – HORses helping PEople, Inc. My name is Kristen Shimeall and I am the Executive Director and also the volunteer coordinator. I am always available to answer any questions or concerns you have about our program. HOPE depends on our volunteers to make equine-assisted activities available for individuals with disabilities.

In order to begin volunteering at HOPE, please complete the following steps:

- Contact me regarding your area of interest and availability and I will put you in touch with one of our therapists or farm managers.
- Fill out the volunteer packet forms and releases and bring the completed paperwork with you on your first day. Please give the completed paperwork to the therapist or farm manager that you will be working with.

Please feel free to ask me any questions you may have. We're looking forward to having you join our team of dedicated staff, volunteers, and horses whose mission is to enrich the lives and experiences of individuals with disabilities.

Sincerely,

Kristen Shimeall



HOPE – HORSES helping PEople, Inc.



General Information

Name: _____ Male Female

Parent/Guardian Name (if under 18): _____

Email: _____

DOB: _____ Age: _____

Address: _____

City: _____ Zip: _____

Phone: _____ (home) _____ (cell)

How did you learn about HOPE? _____

What kind of horse experience do you have?

What experience do you have working with the special needs population?

What other information would you like us to know about yourself?

What do you hope to gain from your volunteer experience?

What is the best way to contact you: Home Phone Cell Phone Email



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Circle all area you are interested in:

- | | | |
|---|--|---|
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Sidewalking with a student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Budget and Finance |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Photography/Video | |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Volunteer Recruitment | |

Availability Chart

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoons							
Evening							

Please check with HOPE's volunteer coordinator or therapists about exact times for therapy sessions

- Please check here if you would like to be on our substitute volunteer list.

Photo Release

- I do I Do Not

Consent to and authorize the use and reproduction by HOPE – HOorses helping PEople, Inc. 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 center.

Date: _____

Volunteer Signature: _____

Parent/Guardian Signature (if under 18) _____



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Authorization for Emergency Medical Treatment

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Physician's Name: _____ Preferred Medical Facility _____

Allergies: _____

Current Medications: _____ Date of Last Tetanus Shot: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

All HOPE volunteers must have up-to-date health insurance.

Health Insurance Company: _____

Policy Number: _____

Consent Plan: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 HOPE – HOrses helping PEople, Inc. 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.

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(s) above is unable to be reached.

Consent for treatment, please check box:

I DO CONSENT

I DO NOT CONSENT

Date: _____

Rider Signature: _____

Parent/Guardian Signature (if under 18): _____



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Background Information

School/Institution/Place of Employment: _____

Current Driver's License: Yes No

License Number: _____ State: _____

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

I, _____ (volunteer), authorize HOPE – HORSES helping PEople, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state 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 a volunteer, and that I expressly DO NOT authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Date: _____
Volunteer Signature: _____
Parent/Guardian Signature (if under 18) _____



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EQUINE ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE, AND ASSUMPTION OF ALL RISKS.

READ BEFORE SIGNING

This Volunteer/Visitor/Spectator Equine Activity Liability Release, Waiver of Right to Sue and Assumption of All Risks Agreement (the "Agreement") is hereby given by _____ on his/her own behalf as a volunteer, visitor or spectator, AND/OR as the parent or guardian of (name all minors and/or wards to whom this is applicable) _____ who is or may be a volunteer, visitor or spectator in or to any program, activity or event taking place under the sponsorship of or at the facilities of HOPE – HORSES HELPING PEOPLE, INC., a Florida not for profit corporation, as the equine activity sponsor (the "Sponsor"), and to each officer, director, agent, employee, volunteer, equine professional (as defined in the Act referenced herein), instructor, therapist, aide, heir, personal representative, successor and/or assign of the Sponsor (who also shall be included within the word "Sponsor").

The undersigned fully understands that my decision to be a Volunteer/Visitor/Spectator and/or to allow such person(s) named above to be a Volunteer/Visitor/Spectator (collectively, the "Volunteer/Visitor/Spectator"), poses risks of personal injury, property damage, death and/or other loss that may arise while attending and/or participating in any program, activity or event taking place under the sponsorship of or at the facilities of the Sponsor (the "Activities"), and I assume all risk and hazards incidental to the conduct of the Activities. In consideration of the Sponsor providing the Volunteer/Visitor/Spectator with the opportunities to attend and/or take part in any of the Sponsor's Activities, the undersigned hereby agrees as follows:

1. This Agreement is given in part under the Florida Equine Activities statutes (Chapter 773) as it may now provide or hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Sponsor the fullest protection of a release, waiver of claim and recovery, right to sue and assumption of all risks that is afforded by the Act, and by other applicable statutes and general law.
2. The Volunteer/Visitor/Spectator hereby acknowledges that he/she has full and complete notice and understanding of the Act and of all the dangers and/or conditions which are an integral part of equine activities which may cause, contribute to or result in the death or personal injury of the Volunteer/Visitor/Spectator or damage to the Volunteer/Visitor/Spectator's property (the "Risks"), including, but not limited to:
 - The propensity of equines to behave in ways (such as, but not limited to, buck, stumble, fall, rear, bite, kick, run, and make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break) that may result in injury, harm, or death to persons on or around the equine;
 - The unpredictability of an equine's reaction to sounds, sudden movement, persons, other animals, or unfamiliar objects.
 - Hazards, including, but not limited to, surface or subsurface conditions;
 - A collision with another equine, another animal, a person, or an object;
 - The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.
 - The inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, vehicles, persons, animals, reptiles, birds or insects, and the effects of such reactions.
 - The dangers and risks of tack or harness, loosening, slipping or breaking for whatever reason.
 - The dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity.
 - The risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason.
 - Any negligent act or omission by the Sponsor which causes or results in the death or personal injury of the Volunteer/Visitor/Spectator or damage to the Volunteer/Visitor/Spectator's property.
3. The Volunteer/Visitor/Spectator hereby expressly assumes all risks and dangers of injury, loss, damage or death which are in any way resulting from the inherent risks of equine activities and/or associated with the Risks enumerated in paragraph 2 above.



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4. Volunteer/Visitor/Spectator hereby releases and waives all rights which he/she may have or hereafter have against the Sponsor for injury, loss, damage or death which is in any way resulting from the inherent dangers of equine activities and/or associated with the Risks enumerated in Paragraph 2 above, and the right to sue or to bring any action against the Sponsor in connection therewith. Volunteer/Visitor/Spectator agrees to completely indemnify and hold the Sponsor harmless from and against any and all claims, demands, causes of action, suits, actions, losses, liabilities, costs and/or expenses, including medical costs and attorney's fees, which are occasioned by, or otherwise attributable to, matters for which the Volunteer/Visitor/Spectator has hereby assumed the risk and is responsible in accordance with this Agreement.

5. Volunteer/Visitor/Spectator agrees to comply with all rules and regulations posted or otherwise communicated by the Sponsor. If the Volunteer/Visitor/Spectator is participating as a volunteer in any of the Sponsor's Activities, then the undersigned agrees that the Sponsor has made reasonable and prudent efforts to determine the Volunteer/Visitor/Spectator's ability to engage in the Activities offered by the Sponsor and the Volunteer/Visitor/Spectator has disclosed all known physical and psychological conditions to Sponsor to assist Sponsor in evaluating the Volunteer/Visitor/Spectator for participation in the Activities offered by the Sponsor.

6. Volunteer/Visitor/Spectator agrees that mounting, riding, walking, dismounting, grooming, training, handling, feeding, and otherwise being in the physical proximity of horses is a dangerous activity which produces a foreseeable risk of mortal or serious personal injury and/or property loss to the Volunteer/Visitor/Spectator in such activity as well as to the person or property of others.

7. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the Volunteer/Visitor/Spectator until expressly revoked by the Volunteer/Visitor/Spectator in a written notice personally delivered to the Sponsor.

8. This Agreement shall be construed under Florida law in such manner as will render it, and each provision of it, fully enforceable; provided, however, that if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect. Venue for purposes of any litigation or arbitration concerning this Agreement shall be in Palm Beach County, Florida.

9. If this Agreement is executed by the undersigned for and on behalf of a minor Volunteer/Visitor/Spectator as named herein, the undersigned hereby warrants and represents that he/she is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor Volunteer/Visitor/Spectator, his/her heirs, personal representatives, successors and assigns; and the undersigned further agrees that this Agreement shall also be as fully binding on the undersigned as if it were entered into solely on his/her own behalf.

10. This Agreement shall be binding upon the heirs, personal representatives, successors and assigns of the Volunteer/Visitor/Spectator and the undersigned.

WARNING

Under Florida law, an equine activity sponsor or 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.

I HAVE FULLY READ AND FULLY UNDERSTAND THE FOREGOING EQUINE LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS. I HAVE CONSULTED AND RELIED UPON MY OWN ADVISORS ON ALL QUESTIONS IN CONNECTION THEREWITH AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I HAVE NOT RELIED UPON THE SPONSOR FOR ANY ADVICE OR EXPLANATION IN CONNECTION THEREWITH.

Print Name: _____
Date: _____
Signature: _____

FOR MINORS UNDER 18 YEARS OF AGE:
Print Name of Minor: _____
Date: _____



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**Anthony and Nanette Mancuso (and Helping Hooves, LLC)
15304 SW 91st Street
Archer, FL 32618
(352)495-4399**

LIABILITY RELEASE AGREEMENT NOT TO SUE AND INDEMNITY AGREEMENT

I, _____, desire to take horseback riding lessons, engage in therapeutic horse riding or hippotherapy activities under the auspices of a tenant on the property of Anthony and Nanette Mancuso and/or use the horses and facilities of Helping Hooves, LLC and Anthony and Nanette Mancuso's horses and farm and residence, acknowledge that horseback riding and activities incidental thereto are inherently dangerous activities, and further acknowledge that serious injury can result from engaging in horseback riding and activities incidental thereto. In connection with the use and enjoyment of the horses and facilities of Helping Hooves, LLC and Anthony and Nanette Mancuso's horses, farm and residence and/or the furnishing of horseback riding lessons to me and/or therapeutic use of horses for my benefit, I agree on behalf of myself, and my heirs and legal representatives forever to release any member of Anthony and Nanette Mancuso's family and Helping Hooves, LLC and all of their past, present and future employees, tenants on their horse farm property and their respective heirs and legal representatives from, and agree not to sue in connection with any and all damages, claims, demands, rights, and causes of action based upon personal injuries or property damage to me or my death, arising out of horseback riding, lessons, the use of the horses and facilities of Anthony and Nanette Mancuso and Helping Hooves, LLC including stables, grounds, or any activities incidental thereto. I further agree to indemnify Helping Hooves, LLC and Anthony and Nanette Mancuso and to save them harmless from all damages, actions, causes of actions, claims, judgments, executions, debts, cost of litigation and attorney's fees, which may in any way rise out of or result from the furnishing of horseback riding lessons to me, therapeutic use of horses for my benefit and/or the use of the horses or facilities of Helping Hooves, LLC or Anthony and Nanette Mancuso including stables and grounds, by me and/or any activities incidental thereto at any time from the date of this Release until this Release is expressly revoked by me.

I have read and understand the above Release of Liability, Agreement Not To Sue And Indemnity Agreement, and that by executing this Agreement I acknowledge that I am giving up valuable rights.

IN WITNESS WHEREOF, I have set my hand this ____ day of _____.

(Signature of participant or guardian) (Printed name of participant)

In the presence of: _____ (Witness)

WARNING!!! UNDER FLORIDA LAW, an equine activity sponsor or equine professional is not liable for injury to, or the death of, a participant in the equine activities resulting from the inherent risk of equine activities.



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CONFIDENTIALITY AGREEMENT

HOPE – HOrses helping PEople, Inc. recognizes the right of participants and their families to have privacy over any information that may be personal or sensitive. In order to respect that right, we require all volunteers and staff to sign a non-disclosure agreement. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of responsibilities to termination and legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal & financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, HOPE staff, volunteers or others in association with HOPE, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with development disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such a case, a substitute decision-maker would be assigned, and any consent must be obtained from that person.

I have read and understand the confidentiality policy as described and agree to observe its principles.

Date: _____

Volunteer Signature: _____

Parent/Guardian Signature (if under 18) _____

Office Use Only

Packet Reviewed and Filed by: _____