Updated 5/15

**An Equine Therapy Experience**

Health, Happiness and Healing through Horses since 1988



Dear Prospective Volunteer:

Thank you for your interest in volunteer program of Horses of Hope Oregon, formerly the Adaptive Riding Institute. Horses of Hope Oregon (HOH) was founded in 1988 and is located in South-Salem/Turner, Oregon. We provide equine-assisted therapy, including personal development and learning, therapeutic riding, a sensory integration trail, custom therapy horse training, and related services for people of all abilities. Our programs are dedicated to ‘health, happiness, and healing through horses’ and improving our clients’ lives by promoting wellness, enhancing capabilities, and fostering independence.

HOH’s talented and educated instructors utilize the therapy horses to facilitate interactive games and skill-building movements tailored to each participant’s needs. Interactions with horses help people to gain independence and self-esteem, while learning new skills and behaviors. We strive to show people what they are capable of and focus on abilities. Therapeutic riding is linked to cognitive and emotional benefits and physical improvements in balance, motor skills, sensory integration, and muscle strength.

The therapy horses allow people to find a sense of connection – these are emotional animals with unedited feelings. There is a straightforward, easy-to-read quality to horses that is comforting. A therapy horse is not just an incredible athlete, but is also non-judgmental, dependable, caring and kind. It is no wonder that they can bring emotional stability to our lives and renew our hope in our own abilities.

Due to limited funding, we operate almost entirely with volunteer help for everything from stable maintenance to landscaping to accounting. A sample of some of the volunteer jobs can be found in this volunteer application packet. Our volunteers are some of the finest, most dedicated people anywhere. Words cannot express how grateful we are for the countless volunteer hours committed to HOH. We welcome your interest in joining their ranks.

The application packet includes a Volunteer Information Form, Participant Agreement, Photo Agreement, and Emergency Contact Form. Please complete the packet, return it to us and we will call you and set up an appointment. It is that simple.

Thank you again, and we look forward to meeting you!

Sincerely,

***The Staff at Horses of Hope***

**VOLUNTEER INFORMATION FORM**

*(Please Print)*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** | | | \_\_\_\_ | | | | | | | | | | | | | | |
| **Company:** | | |  | | | | | | | | | | | | | | |
| **Present occupation:** | | | | | | |  | | | | | | | | | | |
| **Address:** | | | | |  | | | | | | | | | | | | |
| **City:** |  | | | | | | | | | | **State:** | | |  | | **Zip:** |  |
| **Phone: Day:** | |  | | | | | | | **Evening:** | | |  | | | | **Cell:** |  |
| **E-mail:** | |  | | | | | | | | | | | | | | | |
| **Age:** | | *(optional)* | | | | | | | | | | | **Sex:** | | F  M | | |
| **Birthday:** | | | |  | | | | | | | | | | | | | |
| **Therapist (P.T./O.T., etc):** | | | | | | | | | |  | | | | | | | |
| **Therapist phone:** | | | | | | | |  | | | | | | | | | |
| **Ethnicity:** | | | | | | African American Asian  Caucasian Latino  Pacific Islander Alaska Native/Native American  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  I Prefer Not To Disclose | | | | | | | | | | | |

|  |  |
| --- | --- |
| **Does your employer participate in charity activities or campaigns?** | Y  N |
| **If yes, please describe:** | |

|  |
| --- |
| **Please describe any physical conditions that we should be aware of while working with you or rendering first aid:** |
|  |

|  |
| --- |
| **Check which of the following best describes your experience with horses:** |
| NONE (I sat on a pony at the fair once.)  NOT MUCH (I rode some of my friends’ horses as a kid.)  SOME (I once owned my own hay burner.)  MODERATE (I have schooled and competed for more than five years.)  EXTENSIVE (I ride / show / school / train / horses for a living.) |

|  |
| --- |
| **Business and/or volunteer experience:** |
|  |

|  |
| --- |
| **Special skills, talents, hobbies:** |
|  |

|  |
| --- |
| **Community activities:** |
|  |

|  |
| --- |
| **I AM INTERESTED IN ASSISTING WITH:** |
| Office Help (Phone calls etc.)  Direct Client Assistant  Fundraising / Grant Writing / Events  Communications (Newsletter, Etc.)  Landscaping / Gardening  Horse/Stable Care |

|  |
| --- |
| **Are there other talents you would be willing to share?** |
| *For example: photography, sewing, graphics, carpentry, landscaping, public speaking, etc.* |

|  |  |
| --- | --- |
| **Days and times available:** |  |
| **Times not available:** |  |

By completing and signing this form, I give my permission for HOH to contact me whenever needed and to share my contact information to other authorized HOH volunteers.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** | | | |
|  | | | |
| **Print full name:** |  | **Date:** |  |

If you are a minor, your parent or guardian must sign below. Signature indicates permission for a minor to participate in volunteer duties.

|  |  |  |  |
| --- | --- | --- | --- |
| **Parent or Guardian Signature:** | | | |
|  | | | |
| **Print full name:** |  | **Date:** |  |

PLEASE COMPLETE, SIGN AND RETURN:

1. **Volunteer Information Form**
2. **Participant Agreement**
3. **Photo Agreement**
4. **Emergency Contact Form**

***\* \* \* FOR OFFICE USE ONLY \* \* \****

Special Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK**

In consideration of the services of Horses of Hope Oregon, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "HOH"), I hereby agree to release, indemnify, and discharge HOH, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horse activities entail known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**The risks include, among other things**: contact with wild animals, hiking and exposure to the elements. A horse, regardless of its training and usual past behavior, may act unpredictably at times based upon instinct or fright which may cause you to be thrown from your horse or injured by the horse. Horses may do such things as bite, kick, buck, lie down, or stumble. Saddles may slip and other tack or saddle problems may develop as a result of normal use and wear. Your horse may collide with obstacles or encounter variations in terrain such as creeks, water, bridges, traveled roads, wild animals, birds, stump, forest growth, debris, rocks and cliffs and other obstacles whether obvious or not and whether man made or natural. Each of those obstacles or variations in terrain could cause you to lose control of your horse and you could fall. Riding a horse requires the participant to balance on the saddle. Participants may lose their balance that can result in falling from the horse.

Furthermore, HOH employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ARI from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of HOH's equipment or facilities, **including any such claims which allege negligent acts or omissions of HOH**.

4. Should HOH or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.

6. In the event that the lessee files a cause of action against HOH, the lessee agrees to do so solely in the state of Oregon, and further agrees that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. The lessee agrees that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I acknowledge that if I am hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against HOH on the basis of any claim from which I have released them herein.**

**I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.**

Signature of Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Day: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eve: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

**PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION**

**(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print minor's name) ("Minor") being permitted by HOH to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless HOH from any and all Claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**PHOTO AGREEMENT**

I, the undersigned, grant to Horses of Hope Oregon, hereafter referred to as ‘HOH’, and/or their assignees permission in perpetuity throughout the world to use my likeness, performance, recording, and/or voice as photographed and/or recorded by them for still or motion picture uses connected with the promotion, exhibition, or advertising of ‘HOH’.

I hereby release ‘HOH’, its assignees, licensees, and successors including, but not being limited to, all networks, stations, sponsors, publishers, distributors and exhibitors from any and all claims, liabilities, demands, or causes of action which I have or may hereafter have, by reason of photographing, recording, broadcast, exhibition, or any other uses of such films or recordings that may be from time to time made, or by reason of any occurrence or circumstance that may have taken place in or in conjunction with the photographing or recording of any scenes.

The undersigned further agrees that ‘HOH’ shall own all rights, title and interest including any copyright in and to anything produced pursuant to the right granted ‘HOH’ and that this waiver and release is binding on the heirs of the undersigned.

**PLEASE PRINT**

Participant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I AFFIRM THAT I AM MORE THAN 18 YEARS OF AGE**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If participant is less than 18 years of age, parent or guardian must complete the following guardian consent.

I am the parent or guardian of the above mentioned participant. I hereby approve the foregoing and consent to the terms mentioned above. I affirm that I have the legal right to issue such consent.

PLEASE PRINT

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_

Zip \_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT FORM**

**NAME:**

**CONTACTS: PHONE # / RELATIONSHIP**

1.

2.

3.

4.

**PHYSICIAN:**

**HOSPITAL:**

**ALLERGIES / ASTHMA**:

**ALLERGIES TO MEDS**:

**OTHER:**

Print Name of person completing form:       Date: