

Hope Reins at Marcody Ranch, Inc.  
3804 Pioneer Trail  
New Smyrna Beach, FL 32168  
(386) 424-0123

Staff/Volunteer Information Form

*Please print clearly in black or blue ink only*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
Name of Employer/School: \_\_\_\_\_  
Occupation: \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_

How did you hear about Marcody Ranch? \_\_\_\_\_

**HEALTH HISTORY**

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 hospitalizations/surgeries, or lifestyle changes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
Medications: \_\_\_\_\_

Are you currently First Aid Certified? Yes No CPR Certified? Yes No  
Have you completed any first aid/rescue breathing/CPR training: \_\_\_\_\_  
What are your strengths, special talents, or abilities: \_\_\_\_\_  
What are your weaknesses: \_\_\_\_\_

Can you walk for 30 minutes and jog for short distances? Yes No  
Can you hold your arm above shoulder height and support a modest weight? Yes No  
Are you comfortable working or walking around horses/ponies? Yes No

Please specify what type of experience you have had with horses or ponies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER HISTORY**

Indicate the reason you are seeking a volunteer position (check all that apply):  
 Personal fulfillment  School requirement  Community service requirement  Skill development

List your past volunteer activities and the name(s) and telephone numbers of the volunteer supervisor:  
\_\_\_\_\_  
\_\_\_\_\_

HOPE REINS, INC., MARCODY RANCH, LLC  
3804 PIONEER TRAIL  
NEW SMYRNA BEACH, FL 32168

Participant Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**UNCONDITIONAL GENERAL RELEASE**

**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 acknowledge that I will engage in horseback riding and other equestrian activities at Hope Reins at Marcody Ranch in New Smyrna Beach, Florida. I represent that I am experienced in horsemanship or it has been explained and I understand and accept that equestrian activities can be dangerous and hereby accept and assume all risks to my person and property incident to such activities.

I hereby waive, release and relinquish all rights and claims I may now or hereafter have against Hope Reins, Inc. and Marcody Ranch, LLC, Hope Rosenthal and Nicholas Psathas, owners of the land and building upon which it operates it's business, to any or all injury to myself, injury to my horse and damage to my personal property which may arise, directly or indirectly from my presence on said premises or my participation in such activities. This waiver and release shall bind me, my heirs and legal representatives.

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

Signature of Participant/Volunteer/Staff Member/Rider: \_\_\_\_\_

Signature of Parent or Legal Guardian (if rider under 18 years of age) \_\_\_\_\_

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

Participant's Name: \_\_\_\_\_ (Please Print)

Participant's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

*Email:* \_\_\_\_\_

**Confidentiality and Photo Release**

I agree that as a Hope Reins, Inc. volunteer to respect the privacy of the riders and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to fellow volunteers and that all photographs of riders are prohibited. As a volunteer, I hereby consent to and authorize the use and reproduction by Hope Reins/Marcody Ranch of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

\_\_\_\_\_  
**Applicant's Signature** Date: \_\_\_\_\_

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

**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 Hope Reins, Inc. to secure and maintain medical treatment and transportation, if needed.

Volunteer Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
In case of emergency, Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please check one option listed below:**

I give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. 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 below is unable to be reached.

I do not give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Applicant's Signature** Date: \_\_\_\_\_

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

## Authorization to Release Information

Current Driver's License:    Yes    No    License #: \_\_\_\_\_ State: \_\_\_\_\_

I, \_\_\_\_\_, authorize Hope Reins, 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 the 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 Hope Reins, Inc. to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

\_\_\_\_\_  
**Applicant's Signature** Date: \_\_\_\_\_

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

Personal references are REQUIRED for all Hope Reins/Marcody Ranch volunteers.  
Each personal reference must be at least 18yrs of age and a non-family member.  
Teachers, co-workers, guidance councilors, pastors, family friends, etc. are  
recommended options for each reference.

### Personal References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Years known: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email: \_\_\_\_\_

Years known: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

**APPLICANT DISCLOSURE AFFIDAVIT**

**(Please read carefully)**

Hope Reins, Inc. screens all prospective volunteers to evaluate whether an applicant poses a risk of harm to our staff, clients, volunteers and horses. Information obtained is not an automatic bar to volunteering, but is considered in view of all relevant circumstances. Volunteers marking "yes" to any of the below listed items will be asked to provide extra information (medical, court, probation, etc). This disclosure affidavit is required to be completed by applicants for positions in order to be considered. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

**PLEASE PRINT CLEARLY IN BLACK OR BLUE INK ONLY**

Full Name: _____			
Current Driver's License:	Yes	No	License #: _____ State: _____

The undersigned applicant affirms that **I HAVE NOT** at **ANY TIME** (whether as an adult or juvenile):  
*Initial answer under "yes" or "no" and provide brief explanation for a "yes" answer*

<b>YES</b>	<b>NO</b>	
_____	_____	Pleaded guilty to (whether or not resulting in a conviction):
_____	_____	Pleaded nolo contendere or no contest to:
_____	_____	Admitted:
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise):
_____	_____	Entered into any settlement of an action or claim of:
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected because of:
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition arising from: or
_____	_____	Resigned under threat of termination of employment or volunteer work for: any allegation, any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

