

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 Hope Reins? _____

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.

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

YES	NO	
_____	_____	Had any judgment or order rendered against me (whether by default or otherwise)
_____	_____	Had any license, certificate, or employment suspended, revoked, terminated, or adversely affected.
_____	_____	Been diagnosed as having or been treated for any mental or emotional condition.
_____	_____	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).
_____	_____	Been convicted of any Felony.
_____	_____	Been convicted of any misdemeanor or other offense involving a minor or to which a minor was a witness.
_____	_____	Restrictions or limitations on contact or visitation with children or minors.

Explanations (Descriptions and Dates): _____

Applicant's Signature

Date: _____

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

Date: _____

Witness Signature
(Witness needs to be a non-family member or Marcody Ranch staff member)

Date: _____