



214 Asbury Road
Egg Harbor Township, NJ 08234
(609) 703-9130
Email: info@Heartstrc.org

Volunteer Application

Please print clearly

Name: _____

Date of Birth: _____ Gender (circle one) male female

Address: _____

Email address: _____

Best phone #: _____ Alternate #: _____

Are you attending school? Name? _____

Parent or guardian's names (if under 18 years): _____

Phone if different from above

Best phone #: _____ Alternate #: _____

Our hours of operation are:

Monday, Tuesday, Wednesday, Thursday	2:30 pm – 6:00 pm
Saturday	9:30 am – 1:00 pm

Days you are available: _____ Times: _____

Are you available any mornings for school groups?: _____

Why do you want to volunteer with Hearts?: _____

How did you learn of our volunteer needs?: _____

Do you require community service hours? Yes _____ No _____

CONTINUE TO NEXT PAGE

Horse experience is not necessary but please describe if you have any: _____

Lesson volunteers are expected to be able to lift, bend, stand, walk and/or jog short distances for up to 30 minutes at a time. Sidewalkers may also be required to hold their arm above shoulder height for the duration of a lesson. Please be aware these activities may be conducted on days that are hot and/or humid or cold.

Areas of Interest: Check all that apply

- | | |
|---|--|
| <input type="checkbox"/> Horse leader | <input type="checkbox"/> Side walking with a student |
| <input type="checkbox"/> Administrative/office work | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Grounds/maintenance | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Other |

Do you have special skills that could be of benefit to Hearts? Check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Videography | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Grant writing |

For grant application purposes:

Occupation _____

Place of work _____

Confidentiality Agreement

I agree what I see at HeartsTRC Inc, what I hear at HeartsTRC Inc, when I leave HeartsTRC Inc, will remain at HeartsTRC Inc in order to protect the privacy of the riders and their families.

Print name: _____

Signature: _____ Date _____

CONTINUE TO NEXT PAGE

Photo Release

Please print

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

I DO

DO NOT

consent to and authorize the use and reproduction by Hearts TRC, 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 program.

Signature: _____

Date: _____

Background Information

Have you ever been charged with or convicted of a crime?

Circle one:

No

Yes (Please explain) _____

CONTINUE TO NEXT PAGE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Please print

Name: _____ Date of Birth: _____

Address: _____

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: _____

Physician's Name: _____ Phone: _____

In the event of an emergency contact:

Name: _____ Relation to you: _____ Phone: _____

Name: _____ Relation to you: _____ Phone: _____

Sign one or the other but NOT BOTH

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 property, I authorize Hearts TRC Inc to:

- 1. Secure and retain medical treatment and transportation if needed.*
- 2. Release client records or health history 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'.

Date: _____ Consent Signature: _____

Non Consent Plan

I do NOT give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on property. Parent or legal guardian will remain on site AT ALL TIMES during equine assisted activities. In the event of emergency treatment/aid is required, I wish the following procedure to take place: _____

Date: _____ Non Consent Signature: _____

Volunteer Liability Release

I, the undersigned, as an adult volunteer 18 or older, or as the parent and/or guardian of named minor, (**please print name**) _____, for and in consideration of the agreement of Hearts TRC, Inc to provide volunteer opportunities, do hereby forever release, acquit, discharge and hold harmless, Hearts TRC, Inc, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Hearts TRC, Inc. on account of any personal injuries, physical or mental condition, known or unknown, to the person of said myself or said minor and the treatment therefore as a result of, or in anyway growing out of, the acts of Hearts TRC, Inc, including, but not limited to, their negligence or gross negligence, in rendering the services above described or in anyway incidental thereto.

WARNING

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ANIMAL ACTIVITIES, PERSUANT TO P.L., CHAPTER 287.

Date

Print Name of Participant

Age

Signature of Adult Volunteer or Rider or Parent/Guardian of Minor

Print Name of Adult Volunteer or Rider or Parent/Guardian of Minor