

Mailing Address:

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New Volunteer Form

Please note: Allied Horsemanship, Inc. cannot accept applicants into volunteer programs, who have been arrested for or convicted of, crimes against persons and/or animals. You will be subject to background check as part of this application process. Volunteers must be at least 12 years of age. Please complete the following application.

***Required**

*Volunteer: _____ Email: _____

*Primary Phone: _____ Work/Cell Phone: _____

*Address: _____ *City: _____

*State: _____ *Zip: _____ *Date of Birth _____

If student: School: _____ Grade Level: _____

*If under 18: Parent/Guardian(s) _____

Address (if different from volunteer): _____

*Phone: _____ Email: _____

Recent Medical tests: _____ Last Tetanus shot: _____

Tuberculosis Test + -- Date: _____

Are you able to walk for 45 minutes? Yes No Jog short distances? Yes No

Do you have any health issues or physical limitations that we should be aware of? Yes No

If yes, please describe: _____

***I accept responsibility to inform the people I am working with of my Limitations. ***

Signature: _____ Date: _____

Junior Volunteer Requirements

Junior Volunteers are defined as volunteers who are between the ages of 12 and 16. Junior Volunteers **MUST** be accompanied by a parent, adult family member or guardian until they have demonstrated that their maturity and skills are at the level that supervision by a parent, adult family member or guardian is no longer necessary. This will be determined by an Allied Horsemanship, Inc. staff member. All Junior Volunteers must demonstrate the ability to act responsibly in the arena area and follow rules and guidelines. Junior volunteers are required to attend a New Volunteer Orientation and Junior Volunteer Training session, before they begin their volunteer services at Allied Horsemanship, Inc. No exceptions will be made.

All volunteers under the age of 16 must be under direct supervision at all times. Direct supervision can be provided by a parent, adult family member, guardian, designated Allied Horsemanship, Inc. volunteer, instructor or staff member.

I agree to provide adult supervision as outlined in the Junior Volunteer Requirements above.

Parent/Guardian signature: _____ Date: _____

Please check which volunteer area most interest you:				
Lesson <input type="checkbox"/> Therapeutic Riding <input type="checkbox"/> Non-mounted Equine Lessons <input type="checkbox"/> Veterans <input type="checkbox"/> Lessons	Equine Care <input type="checkbox"/> Grooming <input type="checkbox"/> Schooling <input type="checkbox"/> Sessions	Facility Maintenance <input type="checkbox"/> Weed Eating <input type="checkbox"/> Fencing <input type="checkbox"/> Pasture <input type="checkbox"/> Maintenance <input type="checkbox"/> Arena Maintenance	Administration <input type="checkbox"/> Fund Raising <input type="checkbox"/> Volunteer <input type="checkbox"/> Recruitment <input type="checkbox"/> Grant Writing <input type="checkbox"/> Public Relations	Special Events <input type="checkbox"/> Open House <input type="checkbox"/> Promotional <input type="checkbox"/> Booth <input type="checkbox"/> Baking, Cooking for Events <input type="checkbox"/> Seeking <input type="checkbox"/> Donations for Events
Other: Please list any skills you would like to offer the program.				

How did you hear about Allied Horsemanship, Inc.? _____
 Why are you interested in volunteering? _____

Do you have any experience or training working with people with disabilities? Yes No
 Please describe: _____

Are you a Veteran or in the Military? Yes No Any family member a Veteran or in the Military? Yes No
 Do you or any member of your family belong to a service group? (Rotary, Lions Club, Kiwanis, etc.) Yes No

Within your circle of influence, is there anyone who may want to volunteer or provide in kind services or monetary donations? Yes No
 If yes, would you be willing to contact them on behalf of Allied Horsemanship, Inc. or introduce us to them? Yes No

Volunteer Availability	Morning 8am-12pm	Afternoon 12 pm-4pm	Evening 4pm-6pm
Please indicate days and times available:			
Monday _____	Tuesday _____	Wednesday _____	Thursday _____
Friday _____	Saturday _____	Sunday _____	

Horse Experience Survey

I have little or no horse experience
 Have you ever volunteered with a therapeutic riding program? Yes No
 If yes, what program and in what capacity? _____
 How many years have you been riding? _____ Have you ever owned a horse? Yes No
 Have you taken professional riding lessons? Yes No what discipline? _____
 Rate your experience level (1=beginner to 3=horse trainer) 1 2 3 (circle one)
 Can you catch, lead, groom, and tack a horse unassisted? Yes No Western Tack English Tack

GOALS (What would you like to gain from this experience?)

Background Information

Name: _____

Current Address: _____

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 authorize Allied Horsemanship, Inc. to receive information from any law enforcement agency, including police department and sheriff's departments, of the 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 or state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize Allied Horsemanship, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Signature: _____ Date: _____

Signature of volunteer, parent or guardian (if volunteer is a minor)

Volunteer Code of Ethics

As a Volunteer, I will:

1. Listen carefully to Allied Horsemanship, Inc. staff members.
2. Respect my fellow volunteers.
3. Respect and support the decisions of staff and board members in regard to the success of the program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and program policies.
5. Participate actively in volunteer training and assist other volunteers as they join Allied Horsemanship, Inc.
6. Bring to the attention of the Volunteer Coordinator or Executive Director any issues that I believe will have an adverse effect on the organization or those we serve.
7. Help curtail any negative conversations or rumors related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the organization and do my best to ensure that it is well maintained – keep safety and quality in mind.
10. Always strive to learn how to be more effective volunteer.
11. Report any occurrence to the Instructor immediately.
12. Call as soon as I am aware I may be running late to class, or will be absent from class.

As a Volunteer, I will NOT:

1. Criticize fellow volunteers and staff members or their opinions.
2. Use the organizations for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.
5. Drink, smoke, or carry any weapons on property or at any activity site locations with Allied Horsemanship, Inc.

Warning System:

If any volunteer is found acting in an unsafe manner around the horses, treating horses unkindly (hitting, kicking, disciplining, etc.) having negative attitudes toward the program, staff, or fellow volunteers, or showing inappropriate behavior (foul language, fighting, etc.) you will be issued a warning. If we see no change after three warnings, staff will meet and you may be asked to move to a more appropriate area of the program, or asked to leave the program as a volunteer.

As an Allied Horsemanship, Inc. volunteer, I agree to adhere to and to be responsible for maintain the above Code of Ethics.

Signature of Volunteer _____ Date: _____

Allied Horsemanship, Inc. Authorization for Emergency Medical Treatment Form/Liability Release

Name: _____ DOB: _____ Phone: _____

Address: _____

Allergies to medications: _____ Allergies to any foods: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Liability Release (REQUIRED)

Volunteer, _____ would like to participate in the Allied Horsemanship, Inc. activities programs. I acknowledge the potential risks of horseback riding activities. Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damages to persons or property resulting from the risks of equine activities.

In accordance with the Wisconsin Law relating to the limitation of civil liability regarding equine activities: **‘NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in the equine activities resulting from the inherent risks of equines activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes.’**

However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigned executors or administrators, waive and release forever all claims and damages against, Allied Horsemanship, Inc., equine activities, its board of directors, aids, and volunteers for any and all injuries which myself/my son/my daughter/my ward may sustain while participating in Allied Horsemanship, Inc. activities and programs.

Print Name _____ Phone _____

Signature _____ Date _____

Volunteer if over age 18, Parent or Guardian

Photo Release (REQUIRED)

I do I do not consent to and authorize the use and reproduction by Allied Horsemanship,

Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional materials, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____

Volunteer if over age 18, Parent or Guardian

*****Please sign one of the Consent Plans below*****

Consent Plan

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Allied Horsemanship, Inc. to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release client records upon request to the authorized individuals or agency involved in the medical emergency treatment.

This authorization includes x-rays, 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 Signature: _____ Date: _____

Client, Parent, or Legal Guardian

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 service on the property of Allied Horsemanship, Inc.

Parent or guardian will remain on site at all times during equine assisted activities. In the event that emergency treatment/aid is required, I wish the following procedures to take place: _____

Non-Consent Signature: _____ Date: _____

Client, Parent, or Legal Guardian

Confidentiality Policy

Allied Horsemanship, Inc. recognizes the right of participants/riders and their families to have privacy and control over any information that may be personal or sensitive. In order to respect that right, Allied Horsemanship, Inc. has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with Allied Horsemanship, Inc., including but not limited to: full or part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities, to termination, to legal action.

Information considered to be confidential includes all medical, family, social, referral, personal, and 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, Allied Horsemanship, Inc. staff, volunteers, or others associated with Allied Horsemanship, Inc., 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 developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read the Allied Horsemanship, Inc. Confidentiality Policy as described above and agree to observe its principles.

Printed Name: _____

Signature: _____ **Date:** _____