



HorsePower, Inc.

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Phone: (303) 594 – 1509

www.coloradohorsepower.org



Volunteer Application & Information

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (C) _____

E-mail Address: _____

In case of lesson cancellation, please circle the best way to reach you: Home Phone Cell Phone Email

Cancellations may be made the evening before or the morning of a scheduled lesson or activity.

Employer/School: _____

Parent/Legal Guardian/Caregiver Name/Address/Phone Number: _____

How did you learn about HorsePower? _____

Are you volunteering for school or church required community service hours? Yes No

If yes, how many hours and which school? _____

Do you have a current CPR/First Aid Certification? Yes No

If yes, CPR: Date _____ Expiration _____ First Aid: Date _____ Expiration _____

Please check areas in which you are interested:

Program

- ☐ Head Walker
- ☐ Side Walker
- ☐ Horse Handling

Special Events

- ☐ Horse Show
- ☐ Summer Camp
- ☐ Gala

Administration

- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer/Participant Recruitment

Other

- ☐ Facility Projects
- ☐ Tack repair/maintenance

Please check times you are available (feel free to check more than one):

(Tues – Fri: AM [8am – 12pm], PM [1pm – 5pm], EVENING [6pm – 9pm]; Sat: AM [8am – 12:30pm], PM [1:30 – 4pm])

- | | | | | |
|---------------------------------------|--------------------------------------|--|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Tues AM | <input type="checkbox"/> Wed AM | <input type="checkbox"/> Thurs AM | <input type="checkbox"/> Fri AM | <input type="checkbox"/> Sat AM |
| <input type="checkbox"/> Tues PM | <input type="checkbox"/> Wed PM | <input type="checkbox"/> Thurs PM | <input type="checkbox"/> Fri PM | <input type="checkbox"/> Sat PM |
| <input type="checkbox"/> Tues EVENING | <input type="checkbox"/> Wed EVENING | <input type="checkbox"/> Thurs EVENING | <input type="checkbox"/> Fri EVENING | |

Do you have previous horse experience?

- ☐ None ☐ A little ☐ Considerable

Please briefly describe: _____

Do you have experience or training working with individuals with disabilities?

- ☐ Yes ☐ No

If yes, please briefly describe: _____

For Office Use Only

- | | | |
|---|---|--|
| <input type="checkbox"/> New Volunteer | <input type="checkbox"/> Volunteer Orientation, Date: _____ | <input type="checkbox"/> Form Updated, Date: _____ |
| <input type="checkbox"/> Returning Volunteer | <input type="checkbox"/> Side Walker | <input type="checkbox"/> Form Updated, Date: _____ |
| <input type="checkbox"/> Volunteer Under 18 Years | <input type="checkbox"/> Head Walker | |
| <input type="checkbox"/> Parent/Guardian of a Participant | <input type="checkbox"/> Horse Handling | |

Health History

Any Restrictions (please check all which apply):

☐ Lifting (Weight Limit: _____ lbs) ☐ Running ☐ Walking ☐ Standing ☐ Other

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. **As a Head Walker and Side Walker you will be asked to either walk or job for at least one 1 hour lesson time. As a Side Walker you may be asked to carry your arm above shoulder height and support the weight of a rider for at least one 1 hour lesson time.**

Please list any known allergies:

Please list any medications:

Recent medical tests/hospitalizations/surgeries:

Date of Last Tetanus Shot: ____/____/____ Tuberculosis Date: ____/____/____ Results (please circle): + -
(Consult your physician or local health department if you are not up to date with these shots/tests)

If any medical information changes, please update your information.

I understand the information provided above is accurate to the best of my knowledge. I know of no reason why I should not be able to participate in HorsePower, Inc.'s programming.

Signature: _____ Date: _____

Consent & Release Information**Photo Release**I ☐ DO☐ DO NOT

consent to and authorize the use and reproduction by HoresePower, 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: _____

Consent & Release Information Continued**Background Information**

Have you ever been charged with or convicted of a crime? Y N Please explain: _____

I, _____ (volunteer/staff), authorize HorsePower, 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 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 an employee/volunteer, and I expressly DO NOT authorize HorsePower, Inc., its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____

Signature of parent or guardian if under 18 years: _____

Current Driver's License? Y N License Number _____ State _____

Confidentiality Policy

HorsePower, Inc. shall preserve the right of confidentiality for all individuals in its program. Any individual who works, volunteers, or provides services to HorsePower, Inc. will be bound by this confidentiality policy. I understand that all information, such as but not limited to, medical, familial, social, referral, personal, financial, written, verbal, photographic and video about participants at HorsePower, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian and parent/guardian in the case of a minor.

Signature: _____ Date: _____
(volunteer/staff)

Signature of parent or guardian if under 18 years: _____

Liability Release**WARNING**

Under the Colorado Law, an 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, pursuant to section 13-21-119, Colorado Revised Statutes.

_____(Volunteer's Name) would like to participate in HorsePower, Inc. program. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against HorsePower, Inc., its Board of Directors, Instructors, Volunteers, Employees, Agents, and Representatives of any kind for any and all injuries, damages, claims, demands, causes of actions, law suits, and/or losses I/my child/my ward may sustain while participating in Colorado HorsePower program.

Signature: _____ Date: _____

Signature of parent or guardian if under 18 years: _____