



**North Carolina Therapeutic Riding Center**  
 P.O. Box 841, Carrboro, NC 27510  
 919-304-1009 [www.nctrriders.org](http://www.nctrriders.org)



**VOLUNTEER INFORMATION SHEET** *(please print)*

Name \_\_\_\_\_ Birthdate \* \_\_\_\_\_ (for accreditation)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

**Authorization for Emergency Medical Treatment for Volunteers**

In the event emergency medical aid/treatment is required due to illness or injury while participating in activities with the North Carolina Therapeutic Riding Center, I authorize the North Carolina Riding Center to secure and retain medical treatment and transportation if needed.

Volunteer's Name \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician's Name \_\_\_\_\_ Preferred Medical Facility \_\_\_\_\_  
 Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

**Consent Plan**

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 cannot give authorization at the time of occurrence.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_  
Client, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while participating in activities with the North Carolina Therapeutic Riding Center. In the event emergency treatment/aid is required, I wish the following procedures to take place: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Client, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

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

**Photo Release** (Check one)

I hereby consent to and authorize the use and reproduction by the North Carolina Therapeutic Riding Center of any and all photographs and any other audiovisual materials taken of me/my child/ my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

I do not consent to the above use of photo or videographic materials

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_  
Client, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)



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### CONFIDENTIALITY AGREEMENT

NCTRC recognizes the right of participants and their families to have privacy over any information that may be personal or sensitive. In order to respect that right, we require all volunteers and staff to sign a non-disclosure agreement. Any persons violating these policies will be subject to penalties ranging from reprimand to alteration of responsibilities to termination and legal action.

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

I have read and understand the confidentiality policy as described and agree to observe its principles.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

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

### VOLUNTEER'S WAIVER OF LIABILITY

*Whereas*, the Undersigned desires to participate as a Volunteer in the equestrian programming conducted by *North Carolina Therapeutic Riding Center, Inc. ("Riding Center")* and hereby acknowledges his or her understanding of the inherent risks involved in riding and working around horses, which risks include bodily injury, disability or death from accidents incurred while using, riding, or being proximate to horses; and further acknowledges that both horse, rider and volunteers assisting with therapeutic riding classes can be injured in normal use or in competition and schooling;

*Now Therefore*, in exchange for the opportunity to volunteer in therapeutic programming conducted by the Riding Center, the Undersigned does hereby release and forever discharge the Riding Center, its employees, agents, and volunteers, as well as the owner(s) of the farm facility where therapeutic programming is conducted, or the owner(s)' employees, agents, heirs, successors, assigns, and personal representatives from any and all actions, causes of action, claims, demands, damages, charges and expenses, including court costs and counsel fees, and against all loss and damages whatever, for upon or by reason of any personal property loss, personal injury, disability or death which may result from any activity or involvement that the Undersigned engage in through the Riding Center.

I DO EXPRESSLY CONSENT TO ASSUME ANY RISK, CHANCE OF HARM, PERSONAL OR REAL PROPERTY DAMAGE, INJURY, SUFFERING, DISABILITY OR DEATH INVOLVED WITH OR RESULTING FROM MY PARTICIPATION IN PROGRAMS CONDUCTED BY THE RIDING CENTER.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Name \_\_\_\_\_

Client, Parent or Guardian (Parent or Guardian Signature if Volunteer under 18)

**WARNING: UNDER CHAPTER 99E OF THE NORTH CAROLINA GENERAL STATUTES, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING EXCLUSIVELY FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**



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### VOLUNTEER QUESTIONNAIRE *(please print)*

Thank you for your interest in volunteering with NCTRC. Please complete the following questionnaire along with the Volunteer Application/Release Form and return to the above address.

**\*\*Please note that NCTRC will not accept applicants into our volunteer program who have been arrested for, or convicted of crimes against persons and/or animals. You may be subject to a background check as part of this application process.**

Name \_\_\_\_\_ Birthdate \* \_\_\_\_\_ (for accreditation)

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

Phone # (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Employer/School \_\_\_\_\_

How did you hear about NCTRC?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Newspaper     | <input type="checkbox"/> Volunteer Agency | <input type="checkbox"/> Company publication/website | <input type="checkbox"/> Bulletin Board |
| <input type="checkbox"/> School        | <input type="checkbox"/> Volunteer Fair   | <input type="checkbox"/> Friend                      | <input type="checkbox"/> NARHA          |
| <input type="checkbox"/> NCTRC website | <input type="checkbox"/> Driving by       | <input type="checkbox"/> Other _____                 |   |

Do you have horse experience? (circle one)    Little/none            Some            Considerable  
Briefly describe experience:

Are you comfortable working around horses? (circle one)    Yes            No

What is your availability? (check all that apply)

Classes are held M-F afternoons/evenings, with special events on some Saturdays

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Weekday mornings  | <input type="checkbox"/> Weekday afternoons  | <input type="checkbox"/> Weekday evenings |
| <input type="checkbox"/> Saturday mornings | <input type="checkbox"/> Saturday afternoons |   |

Do you have training or experience working with people with disabilities? (circle)    Yes            No  
Briefly describe experience:

Are you able to walk for 45 minutes and jog short distances? (circle)    Yes            No  
If no, please explain:



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Given a chance to switch sides or change positions, are you able to hold your arm above shoulder height and support a rider's weight? (circle one)      Yes      No  
 If no, please explain:

Do you have any health issues or physical limitations that we should be aware of?    Yes    No  
 If yes, please explain:

Please provide a minimum of one reason you are interested in volunteering for NCTRC:

Please list the names of any programs or agencies for which you have volunteered in the last 5 years and briefly describe your duties:

Have you ever been arrested for, or convicted of, a crime against a person or animal?  
 Yes      No

Have you ever been listed on a registry for child abuse?  
 Yes      No

Please indicate other interests or skills: (check all that apply)

- Special events:     Special Olympics       Great Human Race     CDI     Banquets/Celebrations  
 Fundraising       Marketing       General Office/Mailings     Board participation  
 Horse care       Schooling horses     Computers     Other \_\_\_\_\_

Please list THREE people, not related to you, who can provide a personal or professional reference:

<u>NAME</u>	<u>PHONE NUMBER</u>
1. _____	_____
2. _____	_____
3. _____	_____

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent or Guardian signature if volunteer is under 18 years of age)