



Volunteer Application

Heartland Horses Equine Activities & Learning, Inc. is a non-profit organization which provides equine activities to significantly improve the lives of children & adults with mental, physical, behavioral, &/or developmental challenges. We are located at 4305 Independence Street, Avon Park, Florida. Our program relies solely on the service of our dedicated volunteers, ages 13 and up. We thank you for your interest & look forward to you becoming a part of what we do for our community.

Please complete all the attached forms. If the volunteer is a minor, a parent or guardian must sign all of the releases. We do not anticipate any emergencies, however due to the nature of our program and having contact with the horses we must have this form completed. Background checks will be administered on all volunteer applicants. Thank you for your cooperation and for volunteering your time and efforts.

In order to be more efficient in communication with our volunteers and save on postage, we would like to add your email address to our database. We use this information only to send updates, news, and other pertinent information, related to HHEAL & is never shared with anyone outside of our organization.

Please complete the following (PRINT ONLY PLEASE):

Name: _____ Date: _____

E-mail Address: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Have you ever been convicted of a Felony: Yes No

Reason for volunteering:

Snowbird Community Service OJT Summer Only Clinical Site Long-term Other: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone number: _____ Alternate phone: _____

Please tell us how you prefer to spend your time while volunteering:

Therapy Sessions: Grooming /Tacking Leading Horse Side walker Assisting Clients/Helmets Gates

Session Day/Time: Tuesday Morning Thursday Morning Saturday Morning

Horse Care: Feeder 6-8AM Feeder 3:30-6PM Grooming/Bathing/Clipping

Maintenance Cleaning Stalls Equipment Maintenance Grounds Maintenance

Office Duties: Office Assistance Special Events/Fundraisers Newsletter

Day/Time Available: _____



LIABILITY RELEASE

I, _____ forever release, acquit, discharge, and hold harmless Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, representatives, volunteers, successors, and assigns, for all manner of claims, demands, and damages of every kind of nature whatsoever the undersigned may now, or in the future, have against Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, volunteers, representatives, successors, or assigns on account of any personal injuries, mental or physical condition, known or unknown, to the person, and treatment thereof, as a result of, or in any way growing out of the acts including negligence or gross negligence of Heartland Horses Equine Activities & Learning, Inc. program, their officers, directors, trustees, board members, agents, employees, representatives, volunteers, successors, or assigns.

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. _____

PHOTO RELEASE

I, _____ hereby consent to and authorize the use and reproduction by Heartland Horses Activities & Learning, Inc. of any and all photographs or other audio visual materials taken of me/the minor for whom I have signed for the promotional material, educational activities, exhibitions or any other use for the benefit of the program. _____

CONFIDENTIALITY RELEASE

I, _____ understand the confidentiality & sensitivity of the participants, their family, & personal & medical information of the participants, volunteer & staff members of HH. _____

EMERGENCY MEDICAL TREATMENT RELEASE

I, _____ in case of emergency authorize Heartland Horses Equine Activities & Learning, Inc. to obtain medical treatment for me/minor for whom I have signed _____

I have read and fully understand this liability release. I have received & read the HHEAL Handbook.

Volunteer Signature

Date

Parent/Guardian Signature (if volunteer is a minor)

Date



Additional Information

Heartland Horses Activities & Learning, Inc. does not require any previous horse experience.

You will be trained!

How did you hear about us: _____

Previous Horse Experience: Yes No Previous Experience with children/adult with disabilities: Yes No

Type of Experience with position volunteering: _____

Professional Qualifications Held: _____

Certifications Held: _____

Are you interested in obtaining certifications: Yes No

Physical Limitations: _____

Comments or suggestions: _____



Volunteer Procedure Manual & Barn Rules

The copy of rules will be given to the volunteer at time the application is submitted or at the first training session.

1. A volunteer application is required, including the Liability Release Forms
2. All volunteers will be required to attend training sessions as applicable to their selected/assigned volunteer duties.
 - a. Overview training / Video session
 - b. Feeding program
 - c. Basic Horse Care
 - d. Client Sessions
 - e. Maintenance
3. Minimum age for a volunteer is thirteen (13) years old with parental signed approval on file. The parent is not required to be present.
4. Children under the age of 13 must be supervised by their parent or parent-designated adult.
5. No smoking, tobacco or vapor is allowed on HHEAL grounds
6. No Running or Yelling in the barn; Be calm and quiet around the horses.
7. Volunteer will log their hours on the volunteer log sheet and indicate the function completed by checking the appropriate box/s.
8. Volunteers may request specific tasks/duties however; the needs of HHEAL, the clients, and horses are a priority before special requests will be granted.
9. Use halters and lead to ground handle horses. Use halters and lead to ground handle horses.
10. Do not feed horses until they all have been stalled. They eat together at the same time.
11. No Hand feeding horses.
12. Riding of HHEAL horses after the volunteer has been checked off by the Stable Manager or designee. Riding is allowed only when the stable manager or certified instructor is present.
13. No horses may be ridden during therapy lessons unless the volunteer has been requested by the instructor to participate in the lesson.
14. No working with horses in the round pen during therapy lessons. Outside of lesson times, work in the round pen must be approved by the barn manager or instructor and may require supervision.
15. Do not use tractor or lawn equipment without permission from Stable Manager.



16. Cell phone use must be limited while on the HHEAL grounds during preparation for therapy sessions, during therapy session, and clean-up after therapy sessions. Cell phone should be placed on vibrate while working with horses or clients.

17. If you leave your cell phone in the office it must be placed on vibrate or turned off.

18. All volunteer will be on a ninety (90) day trial period, during this time volunteers received ongoing training support from senior volunteers, be assessed for dependability, punctuality, communication skills, ability to complete tasks assigned, ability to be independent in skills per assigned task and willingness to seek out task if not busy. In the event the volunteer or HHEAL determines during the trial period that volunteering at HHEAL is not a good fit, either party will notify the other the decision.

19. PDA is defined as physical intimacy in view of others.
 - a. No Kissing
 - b. No touching that is unwanted or viewed as intimate.
 - c. No groping – feeling touching for intimate pleasure, unwanted touching
 - d. No hand holding, that may be viewed as physical intimacy

20. It is the responsibility of the volunteer to record their volunteer time on the log. If you fail to log your time in and time out you may not receive credit for hours worked.

I have read Heartland Horses Equine Activities & Learning, Inc.'s Volunteer procedure manual & watched applicable ground handling videos. I agree to attend formal Volunteer Trainings, follow all rules & procedures & understand that they may be changed at any time by HHEAL Staff in order to maintain a safe work environment.

Printed Name

Signature

Date

Addendum to HHEAL Volunteer Application

The following have been added to HHEAL volunteer / staff rules:

1. All volunteer will be on a ninety (90) day trial period, during this time volunteers received ongoing training support from senior volunteers, be assessed for dependability, punctuality, communication skills, ability to complete tasks assigned, ability to be independent in skills per assigned task and willingness to seek out task if not busy. In the event the volunteer or HHEAL determines during the trial period that volunteering at HHEAL is not a good fit, either party will notify the other the decision.
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HEARTLAND HORSES EQUINE ACTIVITIES & LEARNING, INC. (HHEAL)

COVID-19 Acknowledgement of Risk and Acceptance of Services*

*Required for ALL individuals participating in HHEAL programs; This includes Client/Participants, parents, guardians, caregivers, employees, volunteers, and visitors.
Thank you for your cooperation.

I, _____ (Client/Participant and name of Parent or Guardian, if Client/Participant is a Minor), am aware of the risks of contracting Covid-19 while receiving face-to-face services from HHEAL at this time of the pandemic outbreak.

I am also aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless HHEAL, its employees, volunteers and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by HHEAL and my individual provider/practitioner. This may include, but is not limited to waiting in or near my vehicle until called to ride, washing my hands prior to each session, use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective mask.

I agree to refrain from participating if I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease.

HHEAL will engage in regular cleaning and sanitizing of horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the Center for Disease Control (CDC) and our contracted Veterinarian for the safety of Client/Participants, parents, guardians, caregivers, employees, volunteers and equine animals.

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from HHEAL.

DATED: _____, 2020

Client/Participant's Name (Print)

Client/Participant's Name (Signature)

Parent or Legal Guardian's Name (Print)

Parent or Legal Guardian's Name (Signature)

Witness' Name (Print)

Witness' Name (Signature)