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[www.ftguhorses.org](http://www.ftguhorses.org)

Therapeutic Horsemanship, Inc.

*“engaging the power of the horse to motivate, teach & heal”*

Volunteer/Staff Information Form

Volunteer                       Staff

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ DOB: \_\_\_\_\_ If Student, name of school: \_\_\_\_\_

E-mail: \_\_\_\_\_ How did you learn about us? \_\_\_\_\_

Parent/Legal Guardian/Caregiver Name/AddressPhone # \_\_\_\_\_

**Check which areas you are interested in:**

Program

- Leading a horse
- Side-walking with a rider
- Your height \_\_\_\_\_
- Stable management
- Substitute
- Facility maintenance/repairs

Special Events

- Fund-raising
- Special Olympics
- Photography/Video

Administration

- Future Planning
- Newsletter
- Volunteer Recruitment
- Budget & Finance
- Public Relations

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital and town: \_\_\_\_\_

Recent Medical Tests: \_\_\_\_\_ Last Tetanus Shot Date: \_\_\_\_\_ Tuberculosis Test + - Date: \_\_\_\_\_

(Consult your physician or local health department if you are not up to date with these shots/tests)

**Emergency Medical Treatment Consent/Non-consent:**

**CONSENT PLAN**  
In the event emergency medical treatment is required due to illness or injury during the volunteering for any and all FTGU activities, I authorize FTGU to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer/staff records upon request to the authorized individual 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.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
*(Volunteer/Staff, signed in presence of FTGU staff)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Parent or Guardian, if applicable, signed in the presence of FTGU staff)*

**NON-CONSENT PLAN**  
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during volunteering for any and all FTGU activities.

In the event emergency treatment/aid is required, I wish the following procedure to take place:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_  
*(Volunteer/Staff, signed in presence of FTGU staff)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Parent or Guardian, if applicable, signed in the presence of FTGU staff)*

**Volunteer Liability Release:**  
As a volunteer at From the Ground Up Therapeutic Horsemanship Inc., I acknowledge the risks of a horseback riding program and working with horses. However, I feel that the possible benefits to me and the participants (riders) I work with are greater than the risk assumed. I hereby, intending to legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against From the Ground Up Therapeutic Horsemanship Inc. its Board of Directors, its instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in the activities I perform at your facility.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Volunteer/Staff, signed in the presence of FTGU staff)*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
*(Parent or Guardian, if applicable, signed in the presence of FTGU staff)*

**Photo Release:**

I  DO or  DO NOT (check one)

consent to, and authorize, the use and reproduction by From the Ground Up Therapeutic Horsemanship, Inc. (FTGU) of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Volunteer/Staff, signed in the presence of FTGU staff)

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Guardian, if applicable, signed in the presence of FTGU staff)

**Confidentiality:**

I understand that all information (written & verbal) about participants @ From The Ground Up Therapeutic Horsemanship, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Parent or Guardian, if applicable, signed in the presence of FTGU staff)

**Background Information**

Have you ever been charged or convicted of a crime/felony? \_\_\_\_\_ If yes, please explain:

I, the undersigned, authorize From the Ground Up Therapeutic Horsemanship, Inc. to receive information from any law enforcement agency, including police 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 of 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 the operating center, 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: \_\_\_\_\_

Current driver's license #: \_\_\_\_\_ State: \_\_\_ Expiration Date: \_\_\_\_\_

**References:**

Because of the nature of this activity, FTGU requests that you provide three character references along with contact numbers.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History:**

Lesson volunteering requires being able to walk at a medium pace with one arm held at shoulder height (sometimes slightly higher) for certain riders. Stable volunteering requires heavy lifting and strenuous activity.

Please use the space below to write additional information regarding your current health status. Address fitness, cardiac, respiratory, bone, or joint function, recent hospitalization/surgery, lifestyle changes, allergies, medications etc.

**Allergies:** \_\_\_\_\_

**Medications:** \_\_\_\_\_

**I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center’s program.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(volunteer/staff/caregiver; signed in the presence of center staff)*

**Horse Experience:**

Please use the space below to provide prior experiences working with horses. This will give FTGU the proper knowledge to provide proper training and assign tasks according to your ability.

**Let us get to know you:**

We are pleased that you decided to donate your time to From the Ground Up! Working with the horses, other volunteers and riders offers a challenging experience that will enrich your life. We would like you to take a few minutes to answer a few questions that will allow us to get to know you better and to fit you into the program in the best way possible.

*What brought you to From the Ground Up?*

*What is your current work situation?*

*What are your future goals?*

*Have you worked with people with disabilities before?*

*Have you volunteered with other organizations? If yes, what was the best/most challenging part?*