

# Prospect Mountain Therapeutic Riding Center

"Finding Value In All Abilities"



## Prospect Mountain Therapeutic Riding Center VOLUNTEER APPLICATION

Date: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_ Session Code: \_\_\_\_\_

\_\_\_\_\_  
Last First Middle

\_\_\_\_\_  
Address City State Zip Code Home: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Employer/School Work Phone

\_\_\_\_\_  
Email  Check here if you do NOT wish to receive emails  
from PMTRC

\_\_\_\_\_  
Date of Birth Parent/Guardian Name Parent/Guardian Phone

Why do you want to volunteer with **PMTRC**?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your general background (education, work experience, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous experience working with person with any type of disability?

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have previous experience working with horses?

\_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
 Please PRINT the Applicant's Full Name

Please check all areas in which you would be interest in helping the PMTRC Program:

<input type="checkbox"/> Riding Classes	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Hunter/Jumper Show
<input type="checkbox"/> Tack Cleaning	<input type="checkbox"/> Telephoning	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Mailings	<input type="checkbox"/> Volunteer Appreciation Celebration
<input type="checkbox"/> Admin Work	<input type="checkbox"/> Horse Shows	
<input type="checkbox"/> Ridefest	<input type="checkbox"/> Special Events	

Other Interests (Please List)

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Are you certified in:

First Aid     CPR    Certificate Expires: \_\_\_\_\_

List two **NON-FAMILY** references (**students must add teacher or scroll counselor as a third reference**)

Name	Phone Number	Relationship

Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
Please PRINT the Applicant's Full Name

**STATEMENT OF UNDERSTANDING, AUTHORIZATION, RELEASE AND INDEMNITY**

I, the undersigned ("Volunteer"), am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity ("Statement"), which I have read and understand. I understand the information I have provided may be verified and permit **PMTRC** to inquire of others concerning my suitability as a volunteer. In the course at volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between **PMTRC** and me is an "at will" arrangement and may be terminated at any time, without cause, by either **PMTRC** or me. I understand that, as a volunteer, I will assist in the riding and instruction of mentally or physically challenged riders, and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this Statement has been signed.

In return for the opportunity to serve as a volunteer with **PMTRC**, I hereby forever release, acquit and discharge **PMTRC** and its officers, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the "Released and Indemnified Parties") from any and all claims, demands and causes of action of any and every kind of nature, including those cause in whole or in part by the negligence of any of the Released and Indemnified Parties, which I may now or in the future have against any or all of the Released and Indemnified Parties and that arise in whole or in part as a result of my involvement with **PMTRC**. I also understand and agree that **PMTRC** assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Releases and Indemnified Parties.

I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind of nature (including attorney's fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a result of my involvement with **PMTRC**. If any provision of this Statement is determined to be unenforceable, all other provisions shall remain in full force and effect.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

I represent the **PMTRC** that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all the provisions of the foregoing Statement of Understanding, Authorization, Release and Indemnity, I am authorized to sign this Statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
Please PRINT the Applicant's Full Name

## Prospect Mountain Therapeutic Riding Center

### Confidentiality Agreement

The undersigned volunteer of Prospect Mountain Therapeutic Riding Center acknowledges that in the course of volunteering, Volunteer may receive and have access to information and records of PMTRC clients, volunteers, and donors including but not limited to medical records, diagnosis, progress reports and financial statements.

The Volunteer hereby agrees to hold such information in confidence and not to divulge the information to any person except as directed by.

Volunteer also further agrees that written materials in the client, volunteer or donor's file will be maintained in confidence and not removed from such files.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer (print name)

Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
Please PRINT the Applicant's Full Name

## CONSENT for EMERGENCY MEDICAL TREATMENT

Name \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
(if under 18) \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City, State \_\_\_\_\_ ZipCode \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Physicians Name \_\_\_\_\_  
Phone: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Describe any medical condition requiring special precautions or treatment and ant medications and dosage: \_\_\_\_\_  
\_\_\_\_\_

Please List all known allergies: \_\_\_\_\_

I, ("Volunteer"), am over 18 years of age and fully competent to sign this Emergency Medical Form, which I have read and understand, or if under age, Volunteer has obtained the signature of his/her parent/guardian, who, by signature, represents he/she has read and understands this form.

In case of medical emergency or necessity, "Volunteer" authorizes **PMTRC** to seek or provide for "Volunteer" such medical assistance as may be necessary or advisable and further authorize **PMTRC** to seek the assistance of any physician or medical facility to provide any medical/ surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medial facility deems or determines to be necessary or advisable, pending receipt by physician or "Volunteer" understands that **NO LIABILITY** can be accepted by any of the organizations concerned, including **PMTRC**, in the event such accident many occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

Insurance Carrier \_\_\_\_\_  
Policy # \_\_\_\_\_

\_\_\_\_\_  
Signature of Volunteer Date

\_\_\_\_\_  
Signature of Parent/Guardian Date

Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
Please PRINT the Applicant's Full Name

**NON-CONSENT for EMERGENCY MEDICAL TREATMENT  
(ONLY TO BE COMPLETED IF REFUSING TO SIGN CONSENT)**

**I do not give my consent** for emergency medical treatment or aid in the event of illness or injury during the process of any participation on my part at **PMTRC** or its representatives to take the following action in my behalf (please write your instructions in the space provided below):

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No person can be accepted for participation as a volunteer at PMTRC until this form has been completed. If the person wishing to be a volunteer is of legal age (18 years or older), he or she may complete this form. If the person is not of legal age, a parent or guardian must complete this form. Volunteer activities will be supervised, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organization concerned, including

\_\_\_\_\_  
Volunteer (Signature)

\_\_\_\_\_  
Date

I represent to **PMTRC** that I am the parent or guardian of the Volunteer whose signature appears above. On behalf of that Volunteer, I agree and accept all provisions of the foregoing Non-Consent for Emergency Medical Treatment. I am authorized to sign this statement on behalf of the Volunteer and my doing so legally binds the Volunteer as if he/she were not a minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Applicant: \_\_\_\_\_ PMTRC ID#: \_\_\_\_\_  
Please PRINT the Applicant's Full Name

**CONSENT for PHOTOGRAPHY**  
(PHOTO RELEASE)

For valuable consideration given and which is hereby acknowledged, the Volunteer named above hereby grants to **PMTRC** permission to take, or have taken, still and moving photographs and films, including television pictures, of the Volunteer, and consents and authorizes **PMTRC**, its advertising agencies, news media, and any other persons interest in **PMTRC** and its work, to use and reproduce such photographs, films or pictures, and to circulate and publicize the same by all means, including materials, books, and clinical materials.

With respect to the foregoing matters, no inducements, or promises have been made to secure this signature to this release other than the intention of **PMTRC** to use, or cause to be used, such photographs, films, and pictures of the primary purpose of promoting **PMTRC** and its work.

\_\_\_\_\_  
Volunteer (Signature) Date

I represent to **PMTRC** that I am the parent or guardian of the Applicant whose signature appears above. On behalf of that Applicant, I agree and accept all provisions of the foregoing Consent for Photography (Photo Release). I am authorized to sign this statement on behalf of the Applicant and my doing so legally binds the Applicant as if he/she were not a minor.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**OR**  
**CONSENT for PHOTOGRAPHY**  
**(ONLY TO BE COMPLETED IF REFUSING TO SIGN CONSENT)**

The Volunteer named above withholds permission to **PMTRC** to take or have taken still or moving photograph and films, including television pictures, of the Volunteer.

NON-CONSENT: \_\_\_\_\_  
Volunteer's Signature Date

I represent to **PMTRC** that I am the parent or guardian of the Applicant whose signature appears above. On behalf of that Applicant, I agree and accept all provisions of the foregoing Non-Consent for Photography (Photo Release). I am authorized to sign this statement on behalf of the Applicant and my doing so legally binds the Applicant as if he/she were not a minor.

\_\_\_\_\_  
Signature of Parent/Guardian Date

**Please return completed application to:**  
**Prospect Mountain Therapeutic Riding Center**  
**7471 FM 3094 Scurry, TX 75158**  
Application must be renewed in One Year  
*Prospect Mountain Therapeutic Riding Center*  
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