

**VOLUNTEER INFORMATION**  
FREE REIN THERAPEUTIC RIDING  
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<b>OFFICE USE ONLY –</b>	D/B _____
CLASS VOLUNTEER? _____	B/G _____
ORIENTATION _____	
TRAINING _____	
EXPERIENCE: _____	

(Please print clearly)

DATE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: H C W ( ) \_\_\_\_\_ PHONE: H C W ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DOES YOUR COMPANY HAVE A VOLUNTEER PROGRAM, OR MATCH VOLUNTEER HOURS?	Y	N
COMPANY NAME _____	PHONE: ( ) _____	

DO YOU HAVE ANY HOBBIES OR SPECIAL INTEREST? \_\_\_\_\_

WHERE DID YOU HEAR ABOUT FREE REIN? \_\_\_\_\_

ARE YOU AVAILABLE TO WORK MORNING OR DAYTIME HOURS? \_\_\_\_\_

WHAT ARE THE BEST TIMES YOU ARE AVAILABLE? \_\_\_\_\_

**SKILLS/EXPERIENCE:**

- |                     |                                 |
|---------------------|---------------------------------|
| _____ COMPUTERS     | _____ PHOTOGRAPHER/VIDEOGRAPHER |
| _____ FUNDRAISING   | _____ CONSTRUCTION              |
| _____ GRANT WRITING | _____ OTHER (PLEASE DESCRIBE)   |

**I AM INTERESTED IN THE FOLLOWING AREAS:**

- |   |                              |
|---|------------------------------|
| _____ IN CLASS, ASSISTING RIDERS AND HORSES             | _____ HORSE & EQUIPMENT CARE |
| _____ OFFICE ASSISTANCE                                 | _____ BOARD/COMMITTEE MEMBER |
| _____ SPECIAL EVENTS<br>(BARN DANCE, MEDIA DAY, PICNIC) | _____ PUBLIC RELATIONS       |

# CLASS VOLUNTEER QUESTIONNAIRE

YOUR ANSWERS TO THE FOLLOWING QUESTIONS WILL HELP US TO PLACE YOU IN AN APPROPRIATE CLASS, RECOGNIZE A POTENTIAL MATCH FOR ADDITIONAL VOLUNTEER ACTIVITIES, AND IDENTIFY POSSIBLE SUPPLEMENTARY TRAINING OPPORTUNITIES. THANK YOU FOR YOUR TIME!

## INSPIRATION

PLEASE DESCRIBE WHY YOU WOULD LIKE TO VOLUNTEER AT FREE REIN THERAPEUTIC RIDING, INCLUDING WHAT YOU HOPE TO GET OUT OF YOUR EXPERIENCE AS A VOLUNTEER.

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## HORSINESS (NOTE: HORSINESS IS NOT A REQUIREMENT FOR VOLUNTEERING!)

HAVE YOU EVER OWNED OR LEASED A HORSE? **YES** OR **NO**

HAVE YOU HAD HORSEBACK RIDING LESSONS?

ENGLISH? **YES** OR **NO** IF YES, HOW MANY YEARS?

WESTERN? **YES** OR **NO** IF YES, HOW MANY YEARS?

DO YOU HAVE ANY FEARS DEALING WITH HORSES? **YES** OR **NO** (IF YES, PLEASE DESCRIBE)

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HAVE YOU PARTICIPATED IN HORSEBACK RIDING COMPETITIONS? **YES** OR **NO**

HOW WOULD YOU RATE YOUR GROUND HANDLING SKILLS?

(PLEASE RATE ON A SCALE OF 1 TO 5, 1 BEING LEAST CONFIDENT AND 5 MOST CONFIDENT)

GROOMING	1	2	3	4	5
LEADING	1	2	3	4	5
LUNGING	1	2	3	4	5
BATHING	1	2	3	4	5
TACKING	1	2	3	4	5

DO YOU HAVE EXPERIENCE WITH THERAPEUTIC HORSEBACK RIDING? **YES** OR **NO**

IF YES, IN WHAT CAPACITY, WHERE AND FOR HOW LONG?

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# HEALTH DEPARTMENT

WHAT IS YOUR HEIGHT? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD PREVENT YOU FROM DOING ANY OF THE FOLLOWING?

**YES** OR **NO** LIFT UP TO 20 POUNDS ABOVE YOUR HEAD (SADDLE)

**YES** OR **NO** WALK FOR AN HOUR ON UNEVEN SURFACES, **RECENT BACK, KNEE OR ANKLE INJURIES?**

**YES** OR **NO** JOG FOR SEVERAL MINUTES (TO KEEP UP WITH A TROTTING HORSE)

**YES** OR **NO** HOLD YOUR ARM RAISED AND OUT TO THE SIDE FOR UP TO AN HOUR AT A TIME (TO SUPPORT A RIDER AS A SIDEWALKER)

IF YOU RESPONDED YES TO ANY OF THE ABOVE, PLEASE EXPLAIN BELOW.

DO YOU HAVE ANY ALLERGIES (HORSES, HAY, POLLEN, ETC.)?

DO YOU HAVE ANY PHOBIAS (E.G. DOGS, BEES, BLOOD, ETC.)? **YES** OR **NO** IF YES, PLEASE EXPLAIN.

## SOCIAL STUDIES

WOULD YOU BE COMFORTABLE TOUCHING, I.E. PHYSICALLY SUPPORTING, RIDERS DURING MOUNTING, RIDING OR DISMOUNTING? **YES** OR **NO**

DO YOU HAVE ANY EXPERIENCE DEALING WITH PERSONS WITH DISABILITIES? **YES** OR **NO**

IF NO, DO YOU HAVE ANY RESERVATIONS ABOUT WORKING WITH PEOPLE WHO MAY NOT HAVE COMPLETE CONTROL OVER THEIR VERBALIZATIONS OR BODIES (E.G. DROOLING, SHOUTING, INVOLUNTARY HITTING, ETC.)? **YES** OR **NO**

IF YES, PLEASE DESCRIBE.

WOULD YOU BE COMFORTABLE ASKING QUESTIONS AND LETTING THE INSTRUCTOR OR VOLUNTEER COORDINATOR KNOW HOW YOU ARE DOING AND IF YOU HAVE ANY CONCERNS? (WE NEED YOU AND WANT YOU TO BE AS HAPPY AS POSSIBLE. COMMUNICATION IS THE KEY!) **YES** OR **NO**

ARE YOU COMFORTABLE DEALING WITH CHANGE AND UNCERTAINTY? (FOR EXAMPLE, DUE TO THE VERY NATURE OF OUR MISSION, THERE MAY BE CHANGES IN TACK OR HORSES FROM WEEK TO WEEK, RIDERS MAY CANCEL DUE TO HEALTH ISSUES, INSTRUCTORS MAY RE-ASSIGN LEADER/SIDEWALKER ROLES DEPENDING ON RIDER NEEDS, ETC.) **YES** OR **NO**

YOUR COMMENTS/QUESTIONS

# EMERGENCY MEDICAL TREATMENT/VOLUNTEER CONSENT

NAME (PLEASE PRINT): \_\_\_\_\_

PARENT OR GUARDIAN (IF UNDER 18): \_\_\_\_\_

WHO TO CONTACT IN CASE OF EMERGENCY: \_\_\_\_\_

CONTACT PHONE \_\_\_\_\_ / \_\_\_\_\_  
HOME WORK OR CELL

PERSON WHO IS AUTHORIZED TO GIVE TEMPORARY ASSISTANCE OR CARE IN THE ABSENCE OF PARENT OR GUARDIAN:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLEASE DESCRIBE ANY MEDICAL CONDITION REQUIRING SPECIAL PRECAUTIONS OR TREATMENT AND ANY MEDICATIONS AND DOSAGE (INSULIN, ALLERGIES) :

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

IN THE EVENT OF A MEDICAL EMERGENCY, THE UNDERSIGNED AUTHORIZES FREE REIN THERAPEUTIC RIDING AND THEIR DESIGNATED AGENT TO AUTHORIZE SUCH MEDICAL ASSISTANCE AS THEY DETERMINE TO BE NECESSARY.

THE UNDERSIGNED AUTHORIZES ANY LICENSED PHYSICIAN AND/OR MEDICAL FACILITY TO PROVIDE ANY MEDICAL/SURGICAL CARE AND/OR HOSPITALIZATION, INCLUDING ANESTHETIC, WHICH THEY DETERMINE NECESSARY OR ADVISABLE, PENDING RECEIPT OF A SPECIFIC CONSENT FROM THE UNDERSIGNED.

EMERGENCY MEDICAL TREATMENT: CONSENT YES \_\_\_\_\_ NO \_\_\_\_\_  
INITIAL INITIAL

SIGNATURE (IF OVER 18): \_\_\_\_\_

PARENT SIGNATURE (IF UNDER 18): \_\_\_\_\_

PARENT NAME PRINTED (IF UNDER 18): \_\_\_\_\_

# VOLUNTEER CONSENT FORM

NAME (PRINT): \_\_\_\_\_ PHONE: \_\_\_\_\_



## PHOTO RELEASE

FOR VALUABLE CONSIDERATION GIVEN AND WHICH IS HEREBY ACKNOWLEDGED, THE UNDERSIGNED HEREBY GRANTS PERMISSION TO FREE REIN THERAPEUTIC RIDING TO TAKE OR HAVE TAKEN STILL AND MOVING PHOTOGRAPHS AND FILMS, INCLUDING TELEVISION FOOTAGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## STATEMENT OF CONFIDENTIALITY

I UNDERSTAND THAT AT FREE REIN THERAPEUTIC RIDING , THERE IS CERTAIN INFORMATION THAT IS AVAILABLE TO ME BUT IS CONSIDERED CONFIDENTIAL. IT IS TO BE USED ONLY FOR FACILITATING THE GOALS AND OBJECTIVES OF THE INDIVIDUAL RIDER, ACCORDING TO THE DIRECTION OF THE INSTRUCTOR OR THERAPIST. IN CONSIDERATION OF THE RIGHT TO PRIVACY OF THE STUDENTS AND THEIR FAMILIES, I UNDERSTAND THE NEED TO USE APPROPRIATE DISCRETION IN WRITTEN COMMENTS AND IN RELATED CONVERSATIONS WITH VOLUNTEERS, STAFF, FAMILY, OR THE GENERAL PUBLIC. ANY BREACH OF THIS CONFIDENTIALITY WILL PROVE REASON FOR MY DISMISSAL. I \_\_\_\_\_ HAVE READ AND UNDERSTAND THE ABOVE STATEMENT OF CONFIDENTIALITY AND AGREE TO ABIDE BY THESE TERMS AND CONDITIONS.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



## LIABILITY RELEASE AND HOLD HARMLESS

I, A VOLUNTEER, WISH TO PARTICIPATE IN FREE REIN THERAPEUTIC RIDING TO BE HELD IN SPOKANE, WA. I UNDERSTAND THIS MAY BE A HIGH RISK ACTIVITY AND I AM PARTICIPATING AT MY OWN RISK. I, INDIVIDUALLY, AND/OR PARENT OR GUARDIAN OF A VOLUNTEER, HEREBY RELEASE AND HOLD HARMLESS FREE REIN THERAPEUTIC RIDING, AND ALL MEMBERS OF THE ORGANIZATION, EMPLOYEES, OFFICERS, AND AGENTS FROM ALL LIABILITY FOR ACCIDENTS, DAMAGE, DEATH, INJURY OR ILLNESS TO ME AND HORSE OWNERS, RIDERS AND ATTENDANTS SUFFERED DURING OR IN CONNECTION WITH MY VOLUNTEER WORK WITH FREE REIN THERAPEUTIC RIDING.

I HAVE COMPLETED THE VOLUNTEER ORIENTATION AND UNDERSTAND THAT CLASSES DEPEND UPON MY BEING THERE. SHOULD I NOT BE ABLE TO MAKE CLASS, I AGREE TO CALL AT LEAST 24 HOURS IN ADVANCE SO A SUBSTITUTE CAN BE ARRANGED. I ALSO UNDERSTAND THAT **FREE REIN THERAPEUTIC RIDING** IS NOT RESPONSIBLE FOR ACCIDENT OR INJURY TO MYSELF, OR ANY LOST OR STOLEN PROPERTY. **FREE REIN THERAPEUTIC RIDING** RESERVES THE RIGHT TO ASK OR REMOVE ME FROM A PARTICULAR CLASS AND UTILIZE ME ELSEWHERE WHERE HELP IS MOST NEEDED.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18))

# VOLUNTEER CONDUCT PLEDGE

VOLUNTEERS IN THE FREE REIN PROGRAM ARE VITALLY IMPORTANT AND HIGHLY VALUED. YOU WILL HAVE OPPORTUNITIES TO MEET FAMILIES OF RIDERS YOU WORK WITH, AS WELL AS HELPING IN SPECIAL EVENTS. WE WELCOME YOU TO OUR PROGRAM AND WILL GIVE YOU THE NECESSARY TRAINING NEEDED TO ASSIST OUR RIDERS, CARE FOR THE HORSES, AND BECOME CAPABLE REPRESENTATIVES OF THE FREE REIN MISSION. THE FOLLOWING GUIDELINES OUTLINE WHAT BEHAVIOR IS EXPECTED WHILE PERFORMING AS A FREE REIN VOLUNTEER.

## **VOLUNTEERS MUST:**

- COMPLETE AN APPLICATION AND LIABILITY RELEASE BEFORE WORKING WITH HORSES AND/OR RIDERS.
- ATTEND A VOLUNTEER TRAINING SESSION.
- BE AT LEAST 14 YEARS OF AGE, OR OBTAIN SPECIAL PERMISSION FROM FRTR STAFF AND PARENTAL CONSENT.
- REMAIN COMMITTED THROUGHOUT THE QUARTER YOU SIGNED UP FOR, AND TO CALL AHEAD WHEN YOU ARE UNABLE TO MAKE IT TO YOUR CLASS.
- NOT POSSESS, USE, OR BE UNDER THE INFLUENCE OF ALCOHOL AND/OR ILLEGAL DRUGS WHILE IN ANY FRTR CLASS OR VOLUNTEERING AT ANY FRTR EVENT, MEETING, OR ACTIVITY.
- NOT USE OBSCENE OR DISCRIMINATORY LANGUAGE IN ANY FRTR CLASS, EVENT, MEETING, OR ACTIVITY.
- DRESS CONSERVATIVELY AND APPROPRIATELY AT ALL TIMES WHEN ON FRTR PREMISES AS WHILE VOLUNTEERING FOR A FRTR EVENT.
- HANDLE FRTR HORSES AS YOU ARE TRAINED AT FREE REIN, WHICH INCLUDES TO NEVER STRIKE, HIT, SLAP, JERK, OR DISCIPLINE THE PROGRAM HORSES IN ANY MANNER.
- REPORT THE MISTREATMENT OF THE HORSES TO FRTR STAFF IMMEDIATELY.
- RESPECT INDIVIDUAL CONFIDENTIALITY, RIGHTS, SAFETY, AND PROPERTY OF OTHERS WHETHER THEY ARE STAFF, RIDERS, OR FELLOW VOLUNTEERS.
- NOT DISCRIMINATE IN ANY PRACTICES ON THE BASIS OF RACE, RELIGION, COLOR, NATIONAL ORIGIN, POLITICAL ASSOCIATION, SEXUAL ORIENTATION, AGE, MENTAL CONDITION OR DISABILITY.
- ALWAYS INFORM THE FREE REIN DIRECTOR OR THE OFFICE MANAGER IF THERE IS A CHANGE OF ADDRESS, PHONE NUMBER OR EMERGENCY CONTACT.
- INFORM STAFF IMMEDIATELY IF YOU HAVE AN INJURY OR CONDITION THAT WOULD COMPROMISE SAFETY TO YOURSELF, THE RIDER, OR OTHERS DURING YOUR SCHEDULED VOLUNTEER TIME.
- TURN OFF CELL PHONES TO AVOID BEING DISTRACTED WHILE WITH A RIDER OR WORKING IN THE BARN.
- FOLLOW ESTABLISHED PROCESSES TO REPORT HORSE BEHAVIORS WHICH ARE OUT OF THE NORM TO YOUR INSTRUCTOR BEFORE YOU LEAVE THE FREE REIN PROPERTY FOR THE DAY.

VOLUNTEER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
(SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18))

DATE: \_\_\_\_\_

# BACKGROUND CHECK

THE UNDERSIGNED APPLICANT ACKNOWLEDGES THAT WASHINGTON LAW REQUIRES EMPLOYEES AND VOLUNTEERS WHO HAVE REGULARLY SCHEDULED UNSUPERVISED ACCESS TO CHILDREN UNDER THE AGE OF 16 YEARS, DEVELOPMENTALLY DISABLED PERSONS, OR VULNERABLE ADULTS, TO PROVIDE THE FOLLOWING STATEMENT AND THE SUBJECT TO BACKGROUND CHECKS CONCERNING ADJUDICATION OF CERTAIN CIVIL AND CRIMINAL MATTERS IDENTIFIED IN RCW 43.43.8340 – BACKGROUND CHECKS – ACCESS TO CHILDREN OR VULNERABLE PERSONS – DEFINITIONS. I ACKNOWLEDGE NOTICE THAT FREE REIN THERAPEUTIC RIDING PROGRAM MAY CONDUCT AN INQUIRY OF ME AS PERMITTED BY STATUTE.

ALSO, AS REQUIRED BY STATUTE, I AM DISCLOSING THE EXTENT TO WHICH THERE HAS BEEN A CIVIL ADJUDICATION OR CRIMINAL CONVICTION REGARDING THE FOLLOWING MATTERS:

**APPLICANT OF INQUIRY** (PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE: NAME AND DATE OF BIRTH ARE MANDATORY)

(PLEASE PRINT FULL NAME CLEARLY)

**APPLICANT'S NAME**

(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_

**ALIAS/MAIDEN NAMES(S):** \_\_\_\_\_

**DATE OF BIRTH:** (MONTH/DAY/YEAR) \_\_\_\_\_ **SEX:** \_\_\_\_\_ **RACE(:** \_\_\_\_\_

1. CONVICTED OF ANY CRIME AGAINST CHILDREN OR OTHER PERSONS:  **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

2. CONVICTED OF CRIMES RELATING TO FINANCIAL EXPLOITATION OF A VULNERABLE ADULT:  
 **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

3. FOUND TO HAVE SEXUALLY ASSAULTED, EXPLOITED OR PHYSICALLY ABUSED A MINOR IN A DEPENDENCY ACTION UNDER RCW 13.34.040:  **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

4. FOUND TO HAVE SEXUALLY ASSAULTED, EXPLOITED OR PHYSICALLY ABUSED A MINOR IN A DOMESTIC RELATIONS PROCEEDINGS, TITLE 26 RCW:  **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

5. FOUND IN ANY DISCIPLINARY BOARD FINAL DECISION TO HAVE SEXUALLY ABUSED OR EXPLOITED ANY MINOR OR DEVELOPMENTALLY DISABLED PERSON OR TO HAVE ABUSED OR FINANCIALLY EXPLOITED ANY VULNERABLE ADULT:  **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

6. FOUND IN A COURT IN A PROTECTION PROCEEDING UNDER CHAPTER 74.34 RCW TO HAVE ABUSED OR FINANCIALLY EXPLOITED A VULNERABLE ADULT:  **HAVE NOT**  **HAVE BEEN**

EXPLANATION: \_\_\_\_\_

I UNDERSTAND **FREE REIN THERAPEUTIC RIDING PROGRAM** MAY INSTITUTE A WASHINGTON STATE PHYSICAL AND CRIMINAL BACKGROUND CHECK AND RESERVES THE RIGHT TO TERMINATE MY VOLUNTEER SERVICE.

SIGNATURE OF VOLUNTEER: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) \_\_\_\_\_