



# SWIFTSURE RANCH *Horses Changing Lives*

## Volunteer Information and Health History

### General Information:

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer/School: \_\_\_\_\_

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

Parent/Guardian/Caregiver Name (if applicable): \_\_\_\_\_

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

Email: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

### Health History

Last Tetanus shot: \_\_\_\_\_ Tuberculosis Test + - Date: \_\_\_\_\_

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

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

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

## Background Information

Have you ever been charged with or convicted of a criminal offense? Y N If yes, please explain: \_\_\_\_\_

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I, \_\_\_\_\_ (*volunteer name*), authorize Swiftsure Ranch Therapeutic Equestrian Center to receive information from any law enforcement agency, including police departments and sheriff's departments, of this 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 or animals.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the Swiftsure Ranch Therapeutic Equestrian Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency or organization or corporation.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Current Driver's License? Y N License Number: \_\_\_\_\_ State: \_\_\_\_\_

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at the Swiftsure Ranch Therapeutic Equestrian Center 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.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Prohibited Substance Agreement

I understand that the use, possession, solicitation, or sale of prohibited substances, which include but are not limited to illegal drugs, alcohol, inhalants, or prescription drugs not taken in accordance with a prescription given to a volunteer, while on the Swiftsure Ranch, while driving a Swiftsure Ranch vehicle, or while conducting Swiftsure Ranch business off site is prohibited and any reasonable suspicion will be reported to the Volunteer Coordinator. Appropriate disciplinary action will take place, up to and possibly including discharge from volunteer duties.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please tell us of any previous experience with horses: \_\_\_\_\_

Please tell us of any previous experience with individuals with disabilities: \_\_\_\_\_

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

**Program**

- Horse Handling
- Side Walking
- Barn Duties
- Facility Repairs
- Construction
- Hospitality

**Special Events**

- Horse Shows
- Fundraisers
- Event planning
- Event Set-Up/Break-Down
- Assist on Day of Event

**Administration**

- General Office Support
- Grant Writing
- Photography/Video
- Public Relations
- Computer Support

**Volunteer Availability and Scheduling**

Swiftsure Ranch offers lessons Monday through Friday from 9:00 AM to 7:00 pm. Please indicate the days and time periods that you are available for volunteering on a regular basis. For consistency for our participants, we ask for a commitment of a minimum of one hour per week for one entire session (ranges in length from 8 to 12 weeks). If you are unable to commit to a full session or to volunteering on a regular basis, then it may be more appropriate for you to be on our emergency substitute list.

	9 – 11 am	11am – 1 pm	1 – 3 pm	3 – 5 pm	5 – 7 pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Would you like to be on our “Emergency List” as a substitute volunteer?    Y    N

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.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Release of Liability

I, the undersigned, for myself and/or on behalf of my child warrant and agree that I will make no claim or file suit for any injury to person or property, or for any loss or destruction of any article of any kind or nature in connection with the participation of me and/or child at the Swiftsure Ranch and/or participation in the programs of the Swiftsure Ranch Therapeutic Equestrian Center. I understand that neither the Swiftsure Ranch nor Swiftsure Ranch Therapeutic Equestrian Center nor their respective officers, directors, employees, volunteers or agents accept any responsibility for accidents, damage, injury or illness to the riders, horses, members, sponsors, agents, spectators or any other person or property owner in connection with operation of the Swiftsure Ranch. As a condition of using the facilities of the Swiftsure Ranch and the programs of Swiftsure Ranch Therapeutic Equestrian Center, I hereby waive, on my own behalf and/or for my child, all claims arising out of any act or omission of the Swiftsure Ranch and/or Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents. I understand that there are inherent risks in any participation and those risks are assumed by me for myself and/or on behalf of my child. I fully understand that animals and conditions are unpredictable and that the risk of injury or death is inherent to the activity of equine-assisted activities and therapies. For myself and/or on behalf of the child, I fully assume the responsibility for the risk of injury or death caused by my and/or the child's contact with horses and horseback riding. I, and/or on behalf of the child, completely release Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center and their respective officers, directors, employees, volunteers and agents from any and all liability for any and all injuries or death to either of me and/or to the child caused by my and/or child's contact with horses and/or horseback riding. Signing of this form binds me and/or my child to this hold harmless agreement.

This document shall be constructed under the laws of the State of Idaho.

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If volunteer is under 18)*



**SWIFTSURE**  
**RANCH**  
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**PHOTOGRAPHY / AUDIOVISUAL RELEASE**

Volunteer Name: \_\_\_\_\_

I DO \_\_\_\_\_

I DO NOT \_\_\_\_\_

Grant Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center permission to take or have taken still or moving photographs or other audiovisual material and authorize the Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center to reproduce said photographs and use them for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

*(Parent/guardian if participant is under 18)*



**SWIFTSURE**  
**— RANCH —**  
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**Authorization for Emergency Medical Treatment**

Volunteer Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Preferred medical facility: \_\_\_\_\_

Health insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Current medications (prescription and over-the-counter): \_\_\_\_\_

Other pertinent medical information about you or your child in case of an emergency:

In the event of an emergency, contact:

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

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

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

\_\_\_\_\_ **I CONSENT** for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the Swiftsure Ranch property. I authorize Swiftsure Ranch Therapeutic Equestrian Center to: (1) Secure and retain medical treatment and transportation if needed, and (2) Release client records upon request to the authorized individual or agency involved in emergency medical treatment. I release the Swiftsure Ranch and Swiftsure Ranch Therapeutic Equestrian Center staff from any and all liability for any decision made in regard to my child's or my injury, care or hospitalization.

\_\_\_\_\_ **I DO NOT CONSENT** for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the Swiftsure Ranch property.

- **Parent or guardian MUST remain on site at all times during equine-assisted activities.**
- **In the event that emergency treatment/aid is required, I wish the following to take place:**

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Parent or guardian if participant is under 18)*