



Riding
Equines to
Achieve
Confidence and
Health

VOLUNTEER

INTAKE FORM - PAGE ONE

REACH requires that ALL FORMS within this packet be reviewed and signed where required by volunteer. Anyone under the age of 18 needs to have the signature of a parent or guardian. All forms need to be returned back to REACH and are valid for the calendar year.

Background checks are required for all volunteers over the age of 18 years old.

Visit www.castlebranch.com and use code **EZ88** to "Place Order."

Volunteer is responsible for payment. Background check renewed every two (2) years.

Volunteer Name _____ Date _____

Check all that apply in which you have experience or interest in:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Sidewalking | <input type="checkbox"/> Reception/Greeting | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Horseleading | <input type="checkbox"/> Data Input/Office | <input type="checkbox"/> Fundraising/Grants |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Computers/Technology | <input type="checkbox"/> Outreach/Special Events |
| <input type="checkbox"/> Barn Help | <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Other: _____ |

Do you have experience working with adults or children with disabilities? If so, please briefly describe:

Do you have experience working with horses? Yes No

Do you currently own or in the last 5 years owned a horse? Yes No

Please check below which description best describes your horsemanship skills:

- New or very little knowledge
- Beginner
- Intermediate
- Advanced
- Instructor or Clinician

For Office Use Only:

_____ Orientation (date _____)
 _____ Intake Page 1 & 2
 _____ Medical Authorization
 _____ Liability Release / _____ COVID Release
 _____ Photo, Conf. & Statements
 _____ Background Check (Pd ___ Ord ___ Rec ___)
 _____ Salesforce

Are you a Veteran? Yes No Branch: _____ Years of Service: _____

REACH reserves the right to dismiss a participant at any time for any reason so determined on behalf of the organization

I have reviewed, read, understand and agree to comply with the terms, requests and conditions stated above in this document and agree to stay in compliance with REACH's volunteer handbook. I further agree that all the information provided is accurate, complete, and up-to-date as of the date stated below.

Volunteer Signature: _____ Date: _____

Signing as a Volunteer and, if Minor(s) named above, signing on behalf of Minor(s) as Parent or authorized Legal Guardian

R.E.A.C.H





VOLUNTEER

INTAKE FORM - PAGE TWO

Name: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ Zip: _____ County: _____
 Email: _____ T-Shirt Size: _____
 Home Phone: _____ Cell Phone: _____
 Preferred Contact Method: Email Home Cell ♦ Do you check email? Yes No ♦ Do you accept texts? Yes No
 Place of Employment: _____ School Attending: _____
For volunteers under the age of 18:
 Parent/Guardian Name: _____ Phone: _____

Are you interested in setting up a schedule to volunteer? Yes No

What is your availability? (Please indicate AM or PM on the days below)

Tuesday	Wednesday	Thursday

Health History:

Working in a therapeutic riding center can be very physically demanding. Please describe your current health status and any challenges and/or limitations you may have for volunteering, including recent hospitalization and/or surgeries:

Allergies: _____

Medications: _____

Be advised that certain medications cause side effects contraindicative to equine activities and services. REACH reserves the right to excuse the volunteer from the session if side effect from medication is adverse to health and safety of participants or staff

I have reviewed, read, understand and agree to comply with the terms, requests and conditions stated above in this document. I further agree that all the information provided is accurate, complete and up-to-date as of the date stated below.

Volunteer Signature: _____ Date: _____

Signing as a Volunteer and, if Minor(s) named above, signing on behalf of Minor(s) as Parent or authorized Legal Guardian

R.E.A.C.H





VOLUNTEER

AUTHORIZATION FOR EMERGENCY TREATMENT

Volunteer Name: _____

Physician Name: _____ Phone: _____

Hospital: _____

EMERGENCY CONTACTS

(MUST HAVE AT LEAST TWO EMERGENCY CONTACTS FOR PARTICIPATION)

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION:

(initial beside your option of choice)

In the event medical aid/treatment/care is required due to illness of or injury while I am at REACH, I hereby
_____ CONSENT _____ DO NOT CONSENT to authorize REACH to:

- Secure and/or administer basic First Aid, CPR, AED treatment or any necessary medical aid/treatment/care and transportation via car or ambulance including x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by a physician.
- Release my records upon request to the authorized individual or agency involved in the medical emergency treatment.

This provision will only be invoked if the above person(s) cannot be reached

If you indicated that you DO NOT CONSENT to authorize REACH to perform any of the actions listed in the above consent plan, please describe what you wish to take place:

I have reviewed, read, understand, and agree to comply with the terms, requests, and conditions stated above in this document. I further agree that all the information provided is accurate, complete and up-to-date as of the date stated below.

Volunteer Signature: _____ Date: _____

Signing as a Volunteer and, if Minor(s) named above, signing on behalf of Minor(s) as Parent or authorized Legal Guardian

R.E.A.C.H





VOLUNTEER

RELEASE OF LIABILITY, WAIVER, HOLD HARMLESS, DEFEND, AND INDEMNIFICATION AGREEMENT

(ONE SEPARATE FORM REQUIRED FOR EVERY ADULT ON PROPERTY)

This REACH Release of Liability, Waiver, Hold Harmless, Defend, and Indemnification Agreement ("Agreement") shall apply to the below-named participant, parent, guardian, caretaker, volunteer, visitor, or anyone else appearing at the REACH' facility or event (collectively "Visitor").

Visitor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Minor Visitor(s) (under 18 years of age) to whom this Agreement applies (included as "Visitor" under this Agreement).

1. _____ 2. _____ 3. _____

Visitor understands and recognizes that equine services can be hazardous and dangerous and that property damage, personal injury, or death can occur. Visitor likewise understands and recognizes the propensity of an equine to behave in dangerous ways that may result in injury to the participant/visitor, the inability to predict an equine's reaction to sound, movements, objects, persons or animals and that surface or subsurface conditions can be hazardous and unpredictable. Visitor hereby voluntarily assumes all risk of loss, property damage, and/or personal injury, including death, that may occur on REACH premises and whether caused by REACH's property, or otherwise, and whether occurring during equine-assisted services or otherwise, and hereby forever releases and discharges REACH, their respective members, Board of Directors, directors, managers, agents, instructors, employees, therapists, participants, volunteers, property owners and horse owners from any and all loss, property damage, personal injury and/or death based on any theory of recovery (except willful and wanton or intentional misconduct), even if caused by the passive or active negligence of REACH, their respective members, Board of Directors, directors, managers, agents, instructors, employees, therapists, participants, volunteers, property owners and horse owners collectively, REACH.

Visitor hereby agrees to defend and indemnify REACH against any and all claims, actions, or suits arising from or in any way related to the presence of Visitor or Visitor's property on REACH premises or due to participation by Visitor or of the Visitor's property in REACH services, and whether relating to property damage, personal injury, death, or otherwise.

In the event that medical treatment is required due to illness or injury while a Visitor is at REACH, Visitor authorizes REACH to secure and retain basic first aid treatment, secure and retain any necessary medical treatment and transportation via ambulance if needed, and release all participant/visitor records upon request to the authorized individual or agency involved in the medical treatment. Under no circumstances shall REACH or anyone rendering medical care be liable for any damages, injury, or other loss resulting from or in connection with the provision of such care.

This Agreement shall be binding upon the Visitor's heirs, spouses, relatives, guests, parents, guardians, executors, administrators and assigns and is Subject to the Laws of the State of Texas. All disputes relating to the interpretation and enforcement of this Agreement shall be resolved exclusively by the state court in McLennan County, Texas. Visitor submits to this jurisdiction and venue for such purpose. Visitor agrees that this Agreement does not expire and that any and all claims and/or causes of actions by Visitor against REACH surviving this Agreement must be brought within one (1) year of the date accrued and any claim for personal property is limited to Two Hundred Dollars (\$200). Visitor agrees to reimburse REACH for any attorneys' fees and costs incurred by REACH in enforcing the terms of this Agreement and/or in defending or prosecuting any claims or causes of actions involving, or in any way relating to, Visitor. Visitor agrees to waive trial by jury in any action, proceeding, or claim brought by Visitor against REACH on any matters related to, arising out of, or connected with this Agreement.

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.

I have reviewed, read, understand, and agree to comply with the terms, requests, and conditions stated above in this document. I understand and agree that I have other facilities to choose from, and that I voluntarily enter into this agreement as a requirement to be at REACH's facility and engage in REACH's activities. I further agree that all the information provided is accurate, complete and up-to-date as of the date stated below.

Visitor's Signature: _____ Date: _____

Signing as a Volunteer and, if Minor(s) named above, signing on behalf of Minor(s) as Parent or authorized Legal Guardian

R.E.A.C.H





VOLUNTEER

PHOTO RELEASE, CONFIDENTIALITY AGREEMENT & STATEMENTS OF UNDERSTANDING

PHOTO/VIDEO RELEASE

I DO CONSENT I DO NOT CONSENT to and authorize the use and production by REACH of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

INITIAL: _____

SOCIAL MEDIA POLICY

REACH participants, volunteers or visitors may not identify or reference REACH participants without written permission from REACH and the third party. Any approved reference to REACH participants shall be respectful and non-disparaging.

INITIAL: _____

CONFIDENTIALITY POLICY & AGREEMENT

REACH's equine-assisted activities and services wish to preserve the right of confidentiality for all our participants, staff, therapists and volunteers, unless disclosure is consented. Only parents and legal guardians, or others defined by state law with authority can consent to disclosure. The staff and therapists shall keep confidential the participant's medical, social, referral, personal, and financial information. Anyone working, volunteering, or otherwise providing services for REACH's equine-assisted activities and services, as well as participants and their families privy to participant information, are bound by this policy. While this policy also applies to anyone participating in or connected with REACH who could obtain confidential information either accidentally or intentionally, REACH cannot ensure their compliance with this policy and is not responsible for any unauthorized disclosure. Informed Disclosure: Only parent(s), legal representatives, or others defined by state law, have authority to consent to disclosure of medical or sensitive information for participants under age of 18. Disclosure of information to outside agencies or individuals can only be given with the specific consent of the participant, parent(s), or legal representative(s).

INITIAL: _____

STATEMENTS OF UNDERSTANDING

REACH agrees to: Offer training for volunteers; inform volunteers of the policies and procedures of REACH; provide volunteers an opportunity to interact with REACH staff and volunteers; inform volunteers of the services available at REACH and the volunteer role; place volunteers in a position compatible with their interests, REACH training, and schedules.

Volunteer Agrees to: Complete and update annually all necessary paperwork and keep REACH informed of any changes in status; act responsibly and know that the participant/guardian/volunteer/staff/therapist is representing REACH in the community at all times; disclose any conflict of interest with REACH existing in past, present, or which becomes known during activities and services; not enter into any contracts on behalf of the agency or undertake any projects (including media coverage, letters, and/or any printed materials) without authorization by REACH. REACH reserves the right to dismiss any volunteer at any time for any reason so determined on behalf of the organization.

INITIAL: _____

I have reviewed, read, understand and agree to comply with the terms, requests and conditions stated above.

Signature: _____ Printed Name: _____ Date: _____

Signing as Volunteer and, if Minor(s) named above, signed on behalf of Minor(s) as Parent or authorized Legal Guardian

How did you learn about REACH? (Check all that apply)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Google/Website | <input type="checkbox"/> Social Media | <input type="checkbox"/> Friend/Family | <input type="checkbox"/> News Broadcast |
| <input type="checkbox"/> Volunteer Fair | <input type="checkbox"/> Another Volunteer/Staff | <input type="checkbox"/> Brochure | <input type="checkbox"/> Other: _____ |

R.E.A.C.H





COVID-19 Waiver and Release of Liability

REACH Therapeutic Riding Center is working diligently to protect the participants, participant families, staff, and volunteers. REACH Therapeutic Riding Center is following those guidelines set by the CDC (Centers for Disease Control) and local health department to reduce the spread of COVID-19. I understand that these safety precautions may be amended at any time and communicated to me verbally.

I understand and agree that while on the REACH Therapeutic Riding Center premises, I will comply with all the following safety precautions:

- Cancel my lesson or volunteer time if I have experienced, or if anyone in my immediate family has experienced, any symptoms that may be related to COVID-19 in the past 14 days.
- Take my temperature prior to leaving my home. If my temperature is above 99.6 degrees, I will not come to the REACH TRC facility.
- Wear a face covering.
- Maintain (minimum) 6-foot social distancing from others on-site.
- Wash my hands using the 20 second method as outlined by the CDC upon entering the REACH facility, after bathroom breaks, and prior to leaving the REACH TRC facility.
- Refrain from touching my face or using my cell phone while at the REACH TRC facility.
- Immediately alert the staff at REACH TRC should I (or anyone I have been in contact with) experience any symptoms that may be related to COVID-19.

I am fully aware that there are a number of risks associated with me and/or my participant coming to REACH Therapeutic Riding Center, including contracting COVID-19 or other diseases which could result in a serious medical condition requiring medical treatment, hospitalization, or even possibly death. I knowingly and freely assume all risk, both known and unknown, relating to my or my participant's visit to REACH Therapeutic Riding Center. I hereby forever release, waive, relinquish, and discharge REACH Therapeutic Riding Center, along with their employees, volunteers, or other representatives from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen as a result of my visit to REACH Therapeutic Riding Center.

By signing this Waiver and Release of Liability form, I, the undersigned participant, volunteer, or guardian of the participant or volunteer, acknowledge that I have read, understood, and agree to be bound by all the terms, conditions, and information it contains. Ample opportunity has been offered to me to request clarification for anything unclear to me. Failure to comply with these written instructions or any verbal instruction from staff or volunteers may result in my removal from the premises.

Printed Name of Participant/Volunteer

Date

Signature of Participant/Guardian/Volunteer

Date

