

Volunteer/Staff Application

General Information

Name: _____ Date: _____

Address: _____

Date of Birth: _____ Phone: (H) _____ (W) _____

Employer/School: _____

How did you learn about the program? _____

Parent/Legal Guardian/Caregiver (if different from above or minor):

Name: _____ Relationship: _____ Phone: _____

Address: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health History

Last Tetanus Shot: _____ Tuberculosis Test + — Date: _____

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

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.

Allergies:

Medications: (specifically, fast-acting/life-saving medications necessary in the event of exacerbation)

Check areas in which you are interested:

Program

- ☐ Horse Handling
- ☐ Sidewalking
- ☐ Stable Management
- ☐ Facility Repairs

Special Events

- ☐ Horse Show
- ☐ Fundraising
- ☐ Trail Rides

Administration

- ☐ Public Relations
- ☐ Grant Writing
- ☐ Newsletter
- ☐ Volunteer Recruitment

- ☐ Photography/Video
- ☐ Budget & Finance
- ☐ Future Planning

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 or parent/guardian)

Volunteer/Staff Application

Name: _____

Phone: _____ Date of Birth: _____

Volunteers and Staff 16 years of age or younger, must have their parent or legal guardian sign the Photo Release and Confidentiality Agreement. The Background check does not apply for those under 16 years old.

Photo Release

I ☐ DO

☐ DO NOT

consent to and authorize the use and reproduction by Equine Assisted Therapy Alaska (EATA) 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.

Signature: _____ Date: _____
(volunteer/staff or parent/guardian)

Background Information

Have you ever been charged with or convicted of a crime? Y N Please explain _____

I, _____ (volunteer/staff), authorize Equine Assisted Therapy Alaska 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 an employee/volunteer, and I expressly **DO NOT** authorize Equine Assisted Therapy Alaska, 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: _____
(volunteer/staff or parent/guardian)

CURRENT DRIVER'S LICENSE Y N **LICENSE NUMBER** _____ **STATE** _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at Equine Assisted Therapy Alaska 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.

Signature: _____ Date: _____
(volunteer/staff or parent/guardian)

Volunteer/Staff Application

EATA Policies Regarding Equine-Related Activities & Barn Behaviors

1. Equine Assisted Therapy Alaska prohibits and **WILL NOT** tolerate the following behaviors and activities on the premises:
 - a. Abusive, threatening, loud or violent behavior.
 - b. Alcohol and illegal drug use.
 - c. Smoking and/or use of open flame in the barn or on the Equestrian Center grounds.
 - d. Running or screaming in, near, or around the barn or horses.
 - e. Unapproved photography, audiovisual recording, and/or solicitation of participants without approval of the Program Director and the participant and/or his/her legal guardian.
2. All participants, volunteers, and community members on the grounds, be advised and adhere to the following rules:
 - a. Do not drink the water out of the hoses. Use water or beverages provided in the office area.
 - b. Keep dogs leashed while on the premises and do not bring them into the barn aisles.
 - c. Check-in/check-out with a staff member when on the premises for EATA activities.
 - d. Parents/Caregivers must supervise his/her children at all times, esp. non-riders during lessons.
 - e. **NO ONE** may handle, feed, pet, ride, lead, or enter an area with horses, unless supervised by or given permission by EATA staff.
 - f. **NO ONE** may park outside the designated parking areas (main parking lot), unless authorized by EATA staff.
 - g. **NO ONE** may provide a ride, in a personal vehicle, to a participant of the program.
 - h. **NO ONE** may provide a ride, in a personal vehicle, to a minor volunteer of the program without a signed and dated written consent of a parent or legal guardian
 - i. Everyone must have a completed, signed, and dated registration packet and/or liability form to participate, in any activity near or around the horses.
 - j. Barn aisles must be kept clean and free of hazardous obstructions.
 - k. Report all accidents, injuries, or hazardous conditions to a staff member as soon as possible.
3. All riders (participants, volunteers, employees, etc.) **must:**
 - a. Wear an ASTM/SEI approved helmet while mounted.
 - b. Wear weather-appropriate clothing and long pants.
 - c. Wear hard-soled shoes (tennis shoes are okay, no bare feet or sandals).
 - d. Use safety stirrups and tack in good repair.
4. All Staff/Volunteers **must:**
 - a. Side Walkers must have emergency dismount training prior to participating in a session.
 - b. Horse Leaders must have approval from the Program Director prior to leading for a session.
 - c. Instructors will routinely check all tack and equipment for safety.

I acknowledge and accept the above barn and equine-related policies.

Name: _____ Date: _____

Name of adult if signing for someone under the age of 18: _____

Signature: _____ Phone: _____



EATA/AHC Release and Indemnity Agreement

1: Agreement. I **AGREE** to participate in equine and non-equine activities and therapies, as a **participant** (client, rider, driver, or groundwork participant); **professional** (professional therapist, educator, instructor, contractor, aide, or trainer); **volunteer** (observer, intern, observer/spectator, side-walker, equine handler/trainer, or arena/grounds/trails/barn steward/manager); and **director/sponsor** (donor, sponsor, funder, mentor, manager, officer, agent, or director, pro-bono advisor, or equine owner, lessor, or lessee) for **Equine Assisted Therapy Alaska (EATA)**, a nonprofit organization, the **Anchorage Horse Council (AHC)**, a nonprofit organization, in their respective management roles at **William Clark Chamberlin Equestrian Center (WCCEC)**, a public, equine event center, including its adjacent 320-acre park in Anchorage, Alaska.

2: Understanding of Risks in Equine Activities. I **UNDERSTAND** the inherent dangers or conditions in equine activities, which include but are not limited to the propensity of an equine to behave in a manner that may result injury, death, or other loss on or around an equine; the unpredictability of equines' reactions to the environment (sudden movements, unfamiliar objects, persons, or other animals); hazards, including without limitation surface or subsurface conditions; a collision with another equine, another animal, a person, or object; the potential for another participant, professional, volunteer, or director/sponsor to act in a negligent manner that may contribute to injury, death, or loss to the Undersigned.

3: Assumption of Responsibility for Equine Activities. I **AGREE** to assume the unavoidable risks inherent in all equine and sports recreation related activities conducted by EATA and AHC, including serious accident, damage, injury, illness, death, or loss, including without limitation property damage, bodily and personal injury, mental or physical condition or death to myself and others for whom I am responsible.

4: Release From Legal Liability. I **WAIVE** and **RELEASE FOREVER** all claims for accident, damage, injury, illness, death, or other loss, including but not limited to property damage, bodily and personal injury, mental or physical condition or death, intending to be legally bound for myself, my heirs and assigns, executors and administrators, for myself and others for whom I am responsible, against **EATA, AHC, WCCEC**, and the **Municipality of Anchorage**, their agents, participants, professionals, volunteers, directors/sponsors, contractors, representatives, successors or assigns, and further release them from liability or responsibility for accident, damage, injury, illness, death, or other loss caused to myself or to any family member or spectator for whom I am responsible on the WCCEC or its adjacent 320-acre park premises.

5: Hold Harmless of Other Parties. I **AGREE** to pay or reimburse **EATA, AHC, WCCEC**, or the **Municipality of Anchorage**, for any personal accident, damage, injury, illness, death, loss, or costs incurred by or for them; to hold **EATA, AHC, WCCEC**, and the **Municipality of Anchorage**, harmless from and to defend all claims and suits for accident, damage, injury, illness, death, or loss sustained by any person, including myself and others for whom I am responsible, caused or alleged to have been caused directly or indirectly by an act, omission, accident, occurrence, condition, negligence or gross negligence arising out of equine and non-equine activities and therapies on the WCCEC or its adjacent 320-acre park premises.

(If under 18, a parent or guardian must sign this agreement for their child.)

Please Circle: Participant / Volunteer / Professional / Sponsor **and if the signer is a:** Guardian / Parent

Name: _____ Date: _____

Name of adult if signing for someone under the age of 18: _____

Signature: _____ Phone: _____

Witness Name: _____ Date: _____

Witness Signature: _____ Phone: _____