



(Office Use Only)
TRAININGS
Orientation/ Sidewalker Training Date: _____

CONFIDENTIAL VOLUNTEER APPLICATION FORM

Please print the application, complete and return to CATR via mail, fax or email:

Volunteer Coordinator
Charleston Area Therapeutic Riding, Inc.
PO Box 146
Johns Island, South Carolina 29455
Fax: 843-559-0176
admin@catr-program.org

GENERAL INFORMATION

Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Phone: (H) _____ (W) _____ (C) _____

Employer/School: _____

Current Driver's License: Y N Driver's License #: _____ State: _____

Height: _____ Date of Birth: _____

(CATR has a minimum age requirement of 14 for volunteering.)

Are you a veteran or military spouse? _____

How did you hear about CATR? _____

Parent / Legal Guardian Name and Address: _____

RELEASE OF LIABILITY

As a volunteer for Charleston Area Therapeutic Riding, Inc., I acknowledge the risks and potential for risks of a horseback-riding program. However, I feel that the possible benefits for myself and the participants I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Charleston Area Therapeutic Riding, Inc., its Board of Directors, instructors, therapists, volunteers, participants and/or employees for any and all injuries and/or losses I may sustain while volunteering for Charleston Area Therapeutic Riding, Inc.

SIGNATURE/ Parent or Guardian (under 18)

DATE

EMERGENCY CONTACT INFORMATION

In the event of an emergency, contact:

Name: _____ Relationship to you: _____ Phone: _____

Name: _____ Relationship to you: _____ Phone: _____

REFERENCES

Please include references for any current or former job supervisors, teachers, clergy that are 18 years or older. Family members, relatives and friends may not serve as a reference.

Reference 1 Name: _____ Phone: _____
Relationship to you: _____ Business name: _____
Address: _____ City: _____ State _____ Zip _____

Reference 2 Name: _____ Phone: _____
Relationship to you: _____ Business name: _____
Address: _____ City: _____ State _____ Zip _____

PHOTO RELEASE

- I DO CONSENT
- I DO NOT CONSENT

to authorize the use and reproduction by Charleston Area Therapeutic Riding, Inc. of any and all photographs and any other audio/visual materials, including still and moving photographs and films, taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

SIGNATURE/ Parent or Guardian (under 18)

DATE

*Please note that your presence or participation in a public event at CATR or event involving CATR constitutes a tacit waiver of non-consent. Electing the non-consent option will not necessarily prevent a subject from being photographed or filmed at any such event by CATR or the general public.

CONFIDENTIALITY AGREEMENT

I understand that all information (written and verbal) about participants at Charleston Area Therapeutic Riding, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

SIGNATURE

DATE

CRIMINAL DISCLOSURE

- 1. Have you ever been convicted of or pleaded guilty to a felony? Yes [] No []

- 2. Have you ever been convicted of or pleaded guilty to a misdemeanor? Yes [] No []

If “Yes” to either question, please describe the conviction(s) in detail, including dates: _____

CONSENT & PROCESS for CRIMINAL BACKGROUND CHECK

Each CATR volunteer who is to receive a criminal background history check must sign an authorization / waiver / indemnity form (shown below), giving approval for CATR and their assigned agents to access the results of a criminal background search. Once you have signed this agreement, you will receive an Evite from CATR to create an account with Certified Background Inc., where you will enter your personal information so that a background check can be run. CATR and their assigned agents can see the results of the check, which will show record of criminal history, but cannot see the personal information (i.e. maiden name and social security number) that you entered. There is a fee for this check. If either the fee or technology involved with performing the background check through Certified Background pose a hardship for you, please let CATR staff know so that we can discuss an alternative for procuring the check. A background check is required for all CATR volunteers who are age 18 and older.

AUTHORIZATION, WAIVER and INDEMNITY

I, the Applicant named above, hereby give my permission for CATR to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with CATR. I also understand that, as long as I remain a volunteer with CATR, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history report and a procedure is available for clarification if I dispute the record as received. I, the Applicant named above, do, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge and agree to indemnify and hold harmless CATR and each of their officers, directors, employees, and agents from and against any and all causes of action, suits, liabilities, costs, debts and sums of money, claims and demands whosoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become an employee of, or volunteer for, CATR.

AGREED:

Applicant Signature

Date

VOLUNTEER INTEREST & SKILLS QUESTIONNAIRE

1. Why are you interested in volunteering? _____

2. Are you currently volunteering to fulfill a community service obligation (i.e. church, school)?
No [] Yes [] If yes, please describe the service requirements: _____

3. Are there any accommodations needed in order for you to safely and competently perform volunteer work as requested? _____

4. Do you have any physical, visual or hearing needs that we need to consider? _____

PLEASE CHECK ALL AREAS THAT YOU ARE INTERESTED IN VOLUNTEERING:

Program

- ___ Side-walking
- ___ Horse Leading
- ___ Equipment Maintenance
- ___ Special Events
- ___ Interactive Vaulting
- ___ Veterans Program

Administration & Other Support

- ___ Public Relations/ Outreach
- ___ Technology support
- ___ Volunteer Recruitment
- ___ Photography/Video

CHECKLIST OF ABILITIES FOR SIDE-WALKER & HORSE LEADER

SIDE-WALKER:

- Yes ___ No ___ I am able to come consistently once a week, for 6 to 10 week sessions.
- Yes ___ No ___ I am able to walk for at least ½ hour on uneven footing.
- Yes ___ No ___ I am able to jog alongside a horse for short intervals during a ½ hour session.
- Yes ___ No ___ I am able to hear and follow verbal instruction from a person not in my line of sight.
- Yes ___ No ___ I am able to walk alongside a moving horse with arms raised for ½ hour session.
- Yes ___ No ___ I am comfortable working with students who use diverse communication styles.

HORSE LEADER:

- Yes ___ No ___ I meet all of the above qualification for sidewalking and have prior horse experience.
- Yes ___ No ___ I am willing to attend a CATR Horse Leader Training & utilize the methods taught there.
- Yes ___ No ___ I feel comfortable being at the horse's head & being responsible for guiding that horse through a ½ hour lesson.
- Yes ___ No ___ I am knowledgeable about horse behavior and body language and feel comfortable making judgments based on that knowledge.
- Yes ___ No ___ I understand how to influence a horse's movement and behavior through the use of halter, lead rope, voice, body position and intention. I am willing to accept on-going feedback on this.

Past experience with individuals with disabilities:

Past experience with horses:

Tell us about additional skills you are interested in sharing with CATR:

SCHEDULING

CATR's programs run Monday – Saturday with lessons taking place morning, afternoon and early evening Mon – Friday and Saturday mornings only. Volunteers are asked to make a minimum of one hour commitment on the same day and time for the length of a 12-week session. Please indicate your general availability:

Are you interested in being a substitute volunteer? Yes [] No []

Certification & Authorization

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that misrepresentation, falsification, or omission of information may disqualify me from further consideration for volunteering, or may result in my termination as a volunteer.

If accepted as a volunteer, I understand that I must abide by all CATR policies, rules and regulations.

I authorize CATR to investigate all statements contained in this application and to make inquiries of my personal references and medical history, as well as other matters as may be necessary for determining my eligibility as a volunteer. I hereby release physicians, employers, schools or individuals from all liability in responding to inquiries relating to my volunteer application.

Signature: _____

Date: _____

(Parent or guardian if under age 18).

Thank You!