



VOLUNTEER APPLICATION AND HEALTH HISTORY

Name: _____ DOB: _____ Date: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Preferred method to contact you: Phone Text Message Email

Parent/Legal Guardian Name (if under 18) _____

How did you learn about Cross Creek Meadows? _____

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

Do you own your own horse? Yes No Do you have experience working with horses? Yes No

If yes, explain: _____

Please place a check by the description that best matches your horsemanship skills:

New or very little knowledge Beginner Intermediate Advanced Instructor or Clinician

Health History

Current Tetanus Shot: Yes No

Working in a therapeutic riding center can be physically demanding. Please describe your current health status and any limitations in regards to fitness, cardiac, respiratory, bone or joint function, recent hospitalization or surgeries.

Allergies: _____

Medications: _____

Check which area you are interested in working:

- Horse Leader ~~Cow Hand~~ Exercising Horses Photography/Video
- Side Walker Top Hands Fund raising/Grants Budget/Finance
- Tack Team Reception/Office Computers/Technology Other _____
- Barn Buddies Schooling Horses Volunteer Recruitment

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.

I have received, read, and understand the CCMTRC Volunteer Handbook.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____



AUTHORIZATIONS FOR EMERGENCY MEDICAL TREATMENT FORM

Name: _____

Physician's Name: _____ Phone Number: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Cross Creek Meadows Therapy Riding Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release my records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Signature: _____ Date: _____

If under 18 years of age, Parent/Guardian Signature _____

Non-Consent Plan

I do not give consent for emergency medical treatment/aid in the event of illness or injury during the process of receiving services, any participation on my part at Cross Creek Meadows, or while being on the property of Cross Creek Meadows Therapeutic Riding Center. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Participant's Signature _____ Date: _____

Signature of Parent/Guardian _____

(If participant is under 18 years of age)



VOLUNTEER LIABILITY RELEASE

That I, _____ or that I, the undersigned parent or legal guardian of _____, a minor, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by CCMTRC and recognizing that horseback riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury or death. However, I feel that the possible benefits to child, ward or myself are greater than the risk assumed.

I hereby, intending to be legally bound for myself and my child or ward, heirs and assigns, executors or administrator, waive and forever release, acquit, discharge and hold harmless all claims for damages against CCMTRC, its board or directors, trustees, agents, instructors, therapists, employees, representatives, volunteers, owners of property on which CCMTRC operates, successors or assigns on account of any personal injuries and/or personal damages known or unknown, or in anyway growing out of, the acts of CCMTRC, its board of directors, trustees, agents, instructors, therapists, aids, employees, representatives, volunteers, owners of property on which CCMTRC operates, successors or assigns.

WARNING

I understand that under Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I, the undersigned, have read this waiver of liability in its entirety. I understand the terms of this release and have signed this release voluntarily and with full knowledge of the effect thereof.

Name _____

Participant's Signature _____ Date: _____

Signature of Parent/Guardian _____

(If participant is under the age of 18)

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of CCMTRC and not discuss or disclose any sensitive information about any person or their family.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian _____

(If participant is under 18 years of age)



VOLUNTEER BACKGROUND CHECK/ RELEASE

Name: Last _____ First _____ Middle _____

Date of Birth: _____ Social Security No.: _____

Driver's License No. And State of Issue: _____

Personal History

Have you ever been convicted? Yes No

If yes: Civil Criminal Misdemeanor Felony

Nature of crime: _____

Date of conviction(s): _____

State, County, City: _____

Please give a detailed explanation: _____

Action/Disposition: _____

I understand that CCMTRC may conduct a background check, which could include, but not be limited to, regional, state, and national databases; employment, educational, motor vehicle, felony, misdemeanor, and sex offender records.

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.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____

PHOTO RELEASE

I DO DO NOT Consent to and authorize the use and reproduction by Cross Creek Meadows Therapeutic Riding Center 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.

Participant's Signature _____ Date: _____

Signature of Parent/Guardian (If under 18 years of age): _____