



CENTER FOR HORSEMANSHIP AND PERSONAL SUCCESS

4952 South Sanford Avenue, Sanford, Florida 32773

VOLUNTEER APPLICATION PACKET

Please answer every item

Name: _____
Date of Birth ___/___/___ Female ___ Male ___
Mailing Address: _____
City: _____ State: ___ Zip Code: _____
County: _____
Telephone: Home: (____) _____ Work: (____) _____
Cell: (____) _____ Fax: (____) _____
E-Mail Address: _____

Employer: _____
Occupation: _____
Caregiver/Guardian Name & Phone: (If minor or dependent adult)

If student, give name of school and grade level: _____
How did you hear about CHAPS? _____

Can you walk for 30 minutes and jog for short distances in sand? Yes ___ No ___
Can you hold your arm above shoulder height and support a modest weight? Yes ___ No ___
Are you comfortable working and/or walking around horses and ponies? Yes ___ No ___
Please identify any physical/emotional/medical or other conditions which might affect your ability to participate as a volunteer.

Are you currently First Aid Certified? Yes ___ No ___ CPR Certified? Yes ___ No ___
Have you completed any first aid/rescue breathing/CPR training? Yes ___ No ___
Languages: (Including sign language): _____

What are your strengths, special talents or abilities?

I
Please indicate the reason you are seeking a volunteer position (check all that apply):
___ Personal fulfillment ___ School requirement ___ Community service requirement ___ Skill development

VOLUNTEER HISTORY

Please specify how many years and what type of experience you have had with horses:

PERSONAL REFERENCES (Please list two references other than a relative)

Name: _____

Telephone: _____

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

Years known: _____ Relationship: _____

E-mail: _____

Name: _____

Telephone: _____

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

Years known: _____ Relationship: _____

E-mail: _____

Check areas in which you are interested:

- | | | | |
|--|---|--|--|
| <u>Program</u> | <u>Special Events</u> | <u>Administration</u> | |
| <input type="checkbox"/> Horse Handling | <input type="checkbox"/> Horse Show | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Photo's/Video |
| <input type="checkbox"/> Side-walking with a student | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Budget/Finance |
| <input type="checkbox"/> Stable Management | <input type="checkbox"/> Special Olympics | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Future Planning |
| <input type="checkbox"/> Facility Repairs | <input type="checkbox"/> Trail Rides | <input type="checkbox"/> Volunteer Recruitment | |

Please indicate the hours you are available so we can add you to our schedule.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Important to remember – Please call the Riding Instructor if you cannot make your shift as many of the students depend on a horse handler and/or side-walkers in order to ride safely. We appreciate this courtesy so that we can find necessary replacements and ensure our riders are able to participate.

**VOLUNTEER INFORMATION
AUTHORIZATION TO RELEASE INFORMATION**

Full Name: _____
Address: _____
Phone : _____

I, the undersigned, authorize and consent to any person, firm, organization or corporation provide a copy (including photocopy or facsimile copy) of the Authorization for Release Information by the above stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via the telephone, in connection with my application for employment or to be a volunteer at the program. Any person, firm, organization or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with program guidelines.

Signature: _____ Date _____

CONFIDENTIALITY AND PHOTO RELEASE

I agree that as a CHAPS volunteer, I will respect the privacy of participants, volunteers and all those involved and hold in confidence all information obtained in the course of my volunteer service. I recognize that confidentiality and privacy requirements apply to everyone. I also respect and understand the ***all photos of participants are prohibited***. As a volunteer, I hereby consent to and authorize the use and reproduction by CHAPS of any and all photographs and any other audio-visual material taken of me for promotional material, educational activities, exhibitions, fund raising or for any other use for the benefit of the program.

Signature _____ Date _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/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 CHAPS to secure and maintain medical treatment and transportation, if needed and incur expenses for which I will be responsible for payment.

Name: _____ phone: _____
In case of emergency, contact: _____ phone: _____
Physician name: _____ phone: _____
Preferred medical facility: _____

Health Insurance Co.: _____ Policy number: _____

PLEASE CHECK ONE OPTION LISTED BELOW

I GIVE CONSENT for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. 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 below is not able to provide authorization or is unable to be reached.

I DO NOT GIVE CONSENT for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Signature _____ Date _____

VOLUNTEER DISCLOSURE AFFIDAVIT (Please Read Carefully)

Our program screens all prospective volunteers to evaluate whether an applicant poses a risk or harm to the children, youth and adults we serve. Information obtained is not an automatic bar to becoming a volunteer, but is considered in view of all relevant circumstances. This disclosure is required to be completed in full by all those who wish to be considered part of CHAPS. Any falsification, misrepresentation, or incompleteness in this disclosure alone is grounds for disqualification or termination.

FULL NAME: _____ S.S. # _____ - _____ - _____

The undersigned applicant affirms that **I HAVE NOT at ANY TIME** (whether as an adult or juvenile):

(Initial answer under **YES** or **NO** and provide a brief explanation for any **YES** answer)

YES NO

- ___ ___ Pled guilty to (whether or not resulting in conviction):
- ___ ___ Pled nolo contendere or no contest to any crime
- ___ ___ Had any judgment or order rendered against me (whether by default or otherwise):
- ___ ___ Entered into any settlement of an action or claim of:
- ___ ___ Had any license, certificate, or employment suspended, revoked, terminated, or

Adversely affected because of:

- ___ ___ Been diagnosed as having or been treated for any mental or emotional condition

Arising from: or

- ___ ___ Resigned under threat of termination of employment or volunteer work for:

Any allegation, any conduct, matter or thing (irrespective of the formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):

YES NO

- ___ ___ Any felony.
- ___ ___ Animal Cruelty or Neglect
- ___ ___ Rape or other sexual assault.
- ___ ___ Drug or alcohol related offenses.
- ___ ___ Abuse of a minor or child, whether physical or sexual.
- ___ ___ Incest.
- ___ ___ Kidnapping, false imprisonment, or abduction.
- ___ ___ Sexual harassment.
- ___ ___ Sexual conduct with a minor.
- ___ ___ Annoying/molesting a child.
- ___ ___ Lewdness and/or indecent exposure.
- ___ ___ Lewdness and lascivious behavior.
- ___ ___ Obscene literature.
- ___ ___ Assault, battery or other offense.
- ___ ___ Endangerment of a child.
- ___ ___ Any misdemeanor or other offense classification involving a minor or to which a Minor was a witness.
- ___ ___ Unfitness as a parent or custodian.
- ___ ___ Removing children from a State or concealing children in violation of a law or A court order.
- ___ ___ Restrictions or limitations on contact or visitation with children or minors.
- ___ ___ Similar or related conduct, matters or things.
- ___ ___ Accusation of any of the above.

Explanations (Descriptions and Dates Attach additional pages if necessary):

The above statements are true and complete to the best of my knowledge.

Applicant's Signature

Date

CHAPS LIABILITY RELEASE FORM

In consideration of the services of CHAPS CENTER, INC, its managing partners, board members, employees, representatives, agents and associates (hereinafter referred to as "CHAPS"), I hereby agree to release, indemnify, and discharge CHAPS, on behalf of myself, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that horseback riding, caring for horses, and all therapeutic and learning/ self-discovery and/or psychotherapeutic activities involving horses entail known and unanticipated risks which could result in physical or emotional injury, paralysis, death, or damage to me, to property or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: loss of control, collisions; horses, irrespective of their previous behavior and characteristics, may act or react unpredictably based upon instinct, fright, or lack of proper control by rider or handler, latent or apparent defects or conditions in equipment, animals or property, acts of other students in this activity, adverse weather conditions; contact with plants, insects, or animals; my own physical conditions or my own acts or omissions; the conditions of remote roads, trails, waterways, or terrain, and accidents connected with their use; first-aid, emergency treatment or other services rendered; consumption of food and drink.

Furthermore, CHAPS seeks safety, but they are not infallible. They might be unaware of a student's fitness or abilities. They might misjudge weather, the elements or the terrain. They may give adequate warnings or instructions and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My or my child participation in this activity is purely voluntary, and elects to participation in spite of the risks.

3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless CHAPS from any and all claims, demands, or causes of action, which are in any way connected with my or my child's participation in this activity or my or my child's use of CHAPS equipment or facilities, including any such claims which allege negligent acts or omissions of CHAPS.

4. Should CHAPS or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.

5. I certify that I have adequate insurance to cover any injury or damage I or my child may cause or suffer while participating or else I agree to bear the costs of such injury or damage myself. I further certify that I nor my child have no medical or physical conditions, which could interfere with my safety in this activity, or else I am willing to assume-and bear the cost of-all risks that may be created, directly or indirectly, by any such condition.

6. In the event that I file a lawsuit against CHAPS, I agree to do so solely in the state of Florida, and I further agree that the substantive law of that state shall apply in that action without regard to the "conflict of laws" rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portion shall remain in full force and effect.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my child's participation in this activity, I may be found by a court of law to have waived my or my child's right to maintain a lawsuit against CHAPS on the basis of any claim from any claim from which I have released them herein.

EQUINE WARNING: Under Florida Law, an equine activity sponsor or 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 have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Student/ Participant Name: _____

Teacher participant or parent/Guardian signature _____

Date _____

Print Name of Guardian or Teacher Participant _____

Address: _____

Phone: _____

Email: _____

Emergency Contact: _____

Name

Phone

CHAPS SAFETY GUIDELINES

Welcome to Chaps! We are glad you are here. After reading the material, please sign where indicated showing that you understand and are in agreement with the policies and procedures of our organization.

- Anyone riding or handling a horse on Chaps property must have a signed waiver on file. Waivers are available online or from your instructor.
- Designated Chaps parking is located at the rear of the property. The front parking area is reserved for Crooked Creek Farm boarders. You will find the Chaps parking area clearly marked.
- If you wish to observe the session, please sit at the tables and chairs located under the wonderful shade tree. Please keep the conversation levels down so there will be no distractions for the student.
- OPTION TO PARKING AND WAITING WHILE CLASS IS IN SESSION: Lake Jessup Wilderness Park and Boat Ramp is located just down the street from Chaps on South Sanford Avenue. There are walking trails, picnic tables, and covered areas. A great place to let the kids let off some steam!
- The 10 acres adjacent to Chaps is a private residence – no trespassing please.
- All riders must wear an ASTM approved helmet at all times while riding on the property.
- Under no circumstance is a child allowed to retrieve a horse in a turnout without adult supervision.
- Children under the age of 16 must be under the direct supervision of a parent or adult designated by a parent at all times while on Chaps property.
- For safety reasons, no one is allowed on the horse trail without permission from a staff member. Students and boarders use this trail to relax after their lessons. Unfamiliar noises in the woods could cause a horse to spook.
- Do not hand feed treats to horses without permission from the owner. Some horses, such as Mr. Jed, are allergic to corn. He blows up like a little balloon – it's not pretty....

I have read the preceding information and will agree to adhere to the safety practices and facility guidelines while on property with my family and/or clients.

Student Name/Signature

Parent Name/Signature

Date

THANK YOU FOR YOUR COOPERATION IN MAKING CHAPS A SAFE AND HAPPY FARM!