

MARION THERAPEUTIC RIDING ASSOCIATION, INC.
VOLUNTEER INFORMATION FORM

6850 SE 41st Court, Ocala, FL 34480
Phone: 352 732-7300 – www.mtraocala.org

Name _____ Current Date: _____

Address _____ City _____ ZIP _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____ Date of Birth _____

Place of Employment/School

Physical limitations (Y/N) _____ If yes, specify: _____

Given a chance to change sides frequently, can you hold your arm at shoulder height and support a modest weight?
(Y/N) _____

Experience with horses/ponies (Y/N) _____ If yes, specify: _____

Special Training/Skills (Circle) Special Ed. OT PT RN LPN EMT First Aid CPR
Other _____

List Hobbies and or Interests: _____

Areas of Interest: Our greatest need is for sidewalkers and horse handlers. Indicate a 1st, 2nd, and 3rd preference.

_____ Side walking with a student	_____ Fund raisings/public relations
_____ Leading a horse during class	_____ Special projects/events
_____ Horse care: grooming, tacking, etc.	_____ Photography
_____ Assist with carriage driving	_____ Newsletter/posters
_____ General office: typing, filing etc.	_____ Volunteer recruitment
_____ Care and repair of tack/equipment	_____ Maintenance of facility

Availability Our riding/driving program has activities on:
(Please circle the day, or days, you would be interested in helping and indicate time of day available).

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

How much time will it take you to travel from home to MTRA? **Round trip time:** _____

How did you learn about MTRA? _____ Registered with RSVP? _____
Newsletter (select one): Pick up at Barn ___ E-Mail ___ Home address ___

(Office Use Only)

Mon Tues Wed Thurs Fri Sat
____ MTRA Forms Complete ____ Hillcrest Form Complete ____ Data entered in computer ____ Youth Volunteer
____ Volunteer Manual ____ Name & Number on call list ____ Basic Training ____ Name Tag

MARION THERAPEUTIC RIDING ASSOCIATION

EMERGENCY MEDICAL RELEASE

(PLEASE PRINT)

Volunteer/Personnel Name _____ Date _____

Physician's Name: _____

Physician's Telephone #: _____

Health Care Insurance Co: _____ Policy #: _____

IN CASE OF AN EMERGENCY WHO SHALL WE CONTACT?

Name _____ Relationship _____

Telephone # _____ Work # _____

Preferred Medical Facility: _____

Do you have any medical condition requiring any special precautions or treatment? Allergies?

None _____ If so, please describe: _____

_____ List
medications and dosages: _____

In case of an emergency, the undersigned authorizes Marion Therapeutic Riding Association, Inc to provide such medical assistance as they determine to be necessary.

In the event that the preferred physician (above) cannot be reached, the undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the participant, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

Signature of Volunteer/Personnel _____ Date _____

Signature of Parent/Guardian if under Age 18 _____

Produced Identification _____ Drivers License # _____

NOTE: MARION THERAPEUTIC RIDING ASSOCIATION, INC. may at our discretion, conduct background checks of volunteers.

MARION THERAPEUTIC RIDING ASSOCIATION, INC.
LIABILITY RELEASE FOR VOLUNTEER/PERSONNEL

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. FL STATUTE # s773.01

The undersigned acknowledges that the handling of horses is hazardous to both rider and horse, and therefore, willingly and knowingly, accepts whatever risks are involved with riding and/or handling under the instruction of **Marion Therapeutic Riding Association, Inc.** on the premises of Hillcrest School. The undersigned hereby releases **Marion Therapeutic Riding Association, Inc.** and/or Hillcrest School and Marion County School Board from all liabilities arising out of any occurrence which results in injury, loss and/or damage to the volunteer, personnel, horse and/or equipment. Additionally, the undersigned prohibits any relative, representative, and/or agent from seeking relief for any damages from **Marion Therapeutic Riding Association, Inc.** and/or Hillcrest School and Marion County School Board on behalf of the undersigned.

Date: _____ Signature _____
(Volunteer, Client, Parent or Guardian)

Date: _____ Signature _____
(Parent/Guardian for Volunteer under age 18)

PHOTO RELEASE FOR VOLUNTEER/PERSONNEL

- I **DO**
 DO NOT

Consent to and authorize the use and reproduction by **Marion Therapeutic Riding Association, Inc.** of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities, or for any other use for the benefit of **Marion Therapeutic Riding Association, Inc.**

Date: _____ Signature _____
(Volunteer, Client, Parent or Guardian)

Date: _____ Signature _____
(Parent/Guardian for Volunteer under age 18)

MARION THERAPEUTIC RIDING ASSOCIATION, INC.
Volunteer Code of Conduct

As an MTRA Volunteer, I will:

1. Represent MTRA with professionalism, dignity and pride, and be responsible for conducting myself with courtesy and behavior that will not jeopardize program effectiveness.
2. Follow through and complete accepted tasks.
3. Conduct myself in a respectful manner, exhibiting good sportsmanship and presenting a positive role model.
4. Complete training for my volunteer role by participating in meetings, self-study, or other training opportunities to help me work more effectively with appropriate audiences.
5. Display respect and courtesy for MTRA employees, other volunteers, program participants, visitors, clients and property.
6. Provide a safe environment by not harming children, youth or adults in any way, whether through discrimination, sexual harassment, physical force, verbal or mental abuse, neglect, or other harmful actions.
7. Respect the privacy of persons served by the organization and hold in confidence sensitive, private and personal information
8. Inform the Program Coordinator or the instructor in charge of any concerns, accidents or problems within the program(s) in which I participate.
9. Work cooperatively as a team member with MTRA employees and other MTRA volunteers.
10. Keep personal opinions and actions separate from those made as a representative of this organization.

And, as an MTRA Volunteer, I will not:

11. Use vulgar or inappropriate language.
12. Solicit gratuities, gifts or bequests for personal or professional benefit.
13. Use or be under the influence of illegal drugs.
14. Consume or be under the influence of alcohol or consume tobacco at events.
15. Discriminate on the basis of race, color, religion, sex, age, national origin, marital status, disability or sexual orientation.

I understand that failure to adhere to all parts of this code may result in suspension from my volunteer duties and/or termination of my volunteer relationship with MARION THERAPEUTIC RIDING ASSOCIATION (MTRA).

Date: _____ Signature: _____

~ Numbers are for reference purpose and do not indicate prioritization.