

**MARION THERAPEUTIC RIDING ASSOCIATION, INC.**  
**VOLUNTEER APPLICATION**  
6850 SE 41<sup>st</sup> Court, Ocala, Florida 34480  
Phone: (352) 732-7300 - email: volunteer@mtraocala.org

Current Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

**Place of Employment/School:**

\_\_\_\_\_

**If Retired, what is your former Occupation:**

\_\_\_\_\_

**Physical limitations** (Y/N) \_\_\_\_\_ If yes, specify: \_\_\_\_\_

\_\_\_\_\_

**Are you on any medication:** (Y/N) \_\_\_\_\_ If yes, specify: \_\_\_\_\_

\_\_\_\_\_

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

Other: \_\_\_\_\_

**Are you a member of any of the following:** (Circle) PATH Int'l EAGALA AHA CTHA Other: \_\_\_\_\_

**Do you belong to any clubs or social groups ( VFW, Book Club, Horse Clubs etc.)**

\_\_\_\_\_

\_\_\_\_\_

**Areas of Interest as an MTRA volunteer:** Our greatest need is for side-walkers and horse handlers. Indicate 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preference.

- |  |   |
|--|---|
| <input type="checkbox"/> Side-walk with a client             | <input type="checkbox"/> Fund raising/Community outreach              |
| <input type="checkbox"/> Lead a horse during class           | <input type="checkbox"/> Special projects/events                      |
| <input type="checkbox"/> Horse care: grooming, tacking, etc. | <input type="checkbox"/> Photography/videography                      |
| <input type="checkbox"/> Care and repair of tack/equip       | <input type="checkbox"/> Website management                           |
| <input type="checkbox"/> Facility maintenance/barn duties    | <input type="checkbox"/> General office: word processing, filing etc. |
| <input type="checkbox"/> Volunteer recruitment               | <input type="checkbox"/> Newsletter / posters                         |

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

Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

How did you learn about MTRA? \_\_\_\_\_ Registered with RSVP? Y /N

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**IN CASE OF EMERGENCY WHO SHALL WE CONTACT?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**BACKGROUND CHECKS**

Marion Therapeutic Riding Association, Inc. (MTRA) is required, under the National Child Protection Act of 1993, as amended and Section 943.0542, Florida Statutes, to obtain background checks for every current or prospective employee, volunteer, and contractor/vendor, for whom criminal history records are requested by these laws. This is meant to aid in the protection of our clients, staff and other volunteers.

The \$51.00 fee per background check is cost prohibitive for MTRA due to the large number of volunteers that we need to provide the services of equine assisted activities to our clients. MTRA must then ask that the volunteer applicant bear the cost of the required background check prior to being accepted as a volunteer and begin training.

The benefit you will receive from your volunteer experience will surely outweigh this cost.

Please complete the following if you are under 18.

Have you ever been convicted of a crime \_\_\_ Yes (explain below) \_\_\_ No

Do you have any open court cases \_\_\_ Yes (explain below) \_\_\_ No

Explanation:

**UNDER FLORIDA LAW, AN EQUINE ACIVITY 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 #773.01**

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**LIABILITY RELEASE AGREEMENT**

The undersigned acknowledges that the handling of horses is hazardous to the horse handler, rider and horse, and therefore, willingly and knowingly, accepts whatever risks are involved with riding and/or handling horses under the instruction of **Marion Therapeutic Riding Association, Inc.** The undersigned hereby releases Marion Therapeutic Riding Association, Inc., and/or Hillcrest School and Marion County School Board and/or the state of Florida Department of Environmental Protection, Office of Greenways and Trails, and the state of Florida 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 relieve for any damages from Marion Therapeutic Riding Association, Inc., and/or Hillcrest School and Marion County School Board and/or the state of Florida Department of Environmental Protection, Office of Greenways and Trails, and the state of Florida on behalf of the undersigned.

**Signature:** \_\_\_\_\_  
(Volunteer)

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(Parent/Guardian for Volunteer under age of 18)

**Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**PHOTO RELEASE**

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I  DO

DO NOT

Authorize and consent to 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.**

Signature: \_\_\_\_\_  
(Volunteer)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent/Guardian for Volunteer under age 18)

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**CONFIDENTIALITY POLICY**

**I understand that any personal or identifying information that I learn about clients through my association with Marion Therapeutic Riding Association will remain confidential. I agree to refrain from discussing such details as: clients' names, specific diagnosis, unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard. I understand the necessity of preserving our clients' privacy and anonymity and will abide by this agreement.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Client (or Parent Guardian if client is under 18) or Legal guardian**

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**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 be true by my commitment and complete accepted tasks;
3. Conduct myself in a respectful manner, exhibiting good sportsmanship and presenting myself as a positive role model;
4. Complete training for my volunteer role by participating in training/education sessions, 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, equines and other 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 Executive Director, Volunteer 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;
11. I will notify the volunteer coordinator at least 24 hours in advance if I am unable to volunteer.

And, as an MTRA Volunteer, I will not:

1. Use of vulgar or inappropriate language;
2. Solicit gratuities, gifts or bequests for personal or professional benefit;
3. Use or be under the influence of illegal drugs;
4. Be under the influence of alcohol or consume tobacco at events;
5. Discriminate on the basis of race, color, religion, gender, 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, INC. (MTRA).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**(Office Use Only)**

Tues Wed Thurs Fri Sat  
\_\_\_\_ MTRA Forms Completed \_\_\_\_ Background Check \_\_\_\_ Youth Volunteer  
\_\_\_\_ Volunteer Manual \_\_\_\_ Name & Number Call list \_\_\_\_ Basic Training \_\_\_\_ Name Tag