

MARION THERAPEUTIC RIDING ASSOCIATION, INC.
VOLUNTEER APPLICATION

Current Date: _____

6850 se 41st Court, Ocala, Florida 34480
Phone: (352) 732-7300 - email: volunteer@mtraocala.org

Name: _____ Date of Birth: _____

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

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Place of Employment/School

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

What are your strengths: _____

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

- | | |
|--|---|
| <input type="checkbox"/> Side-walk with a client | <input type="checkbox"/> Fund raising/public relations |
| <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 and day available).

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? Y /N

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MTRA's primary communication source is via email. Please indicate how you would prefer to receive communication from MTRA.

___ email ___ telephone ___ US Postal Service

EMERGENCY INFORMATION

(PLEASE PRINT)

Volunteer Name _____ Date _____

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:

PLEASE READ AND SIGN BOTH SECTIONS

!!WARNING!!

(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

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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

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, Client, Parent or Guardian)

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, Client, Parent or Guardian)

Date: _____

Print Name: _____

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

Date: _____

Print Name: _____

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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.

And, as an MTRA Volunteer, I will not:

11. Use of 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. Be under the influence of alcohol or consume tobacco at events.
15. 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: _____

Signature: _____
(Parent/Guardian for volunteer under 18)

-Numbers are for reference purpose only and do not indicate prioritization.