



JACKSON HOLE THERAPEUTIC RIDING ANNUAL VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

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

Phone: _____

Email: _____ When did you begin volunteering with JHTR? _____

What is the best way for us to get in touch with you? _____ Do you receive email? YES NO

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

Phone Number for Parent/Guardian (if under 18 years of age): _____

How did you learn about JHTR? _____ Employer/School _____

Have you been trained as a Sidewalker or Horse Leader in the past by JHTR? If so, which? _____

May we add you to our volunteer email substitute list? (circle one) Yes No

I prefer to receive the volunteer manual by email (circle one): Yes No

MARK YOUR INTERESTS AS A VOLUNTEER:

- Administration (assist with mailings, publications, and office work)
- Facility Maintenance (muck stalls, carpentry work, and help with outdoor jobs)
- Horse Leader (provide warm-up for the horse prior to the lesson and lead during the lesson)
- Sidewalker (assist the rider during the lesson with stability in the saddle)
- Special Events (help with horseshows, fundraisers, or other local events)
- Board of Directors
- Other: _____

Do you possess any special skills that would benefit JHTR? (Ex. Farrier, photographer, fundraiser, computer expert? Do you have horse experience? Have you worked with people with disabilities?)

Are there any physical or medical issues that may impede your volunteering skills for JHTR or that we should be aware of? Examples may include allergies, a knee replacement that restricts your ability to run along with a trotting horse, or a sore shoulder than inhibits your range of motion. By sharing this information, you allow the Volunteer Coordinator to place you in a class that suits your needs and the safety needs of the participant.

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VOLUNTEER CONFIDENTIALITY STATEMENT

Volunteers are a valuable part of the Jackson Hole Therapeutic Riding (JHTR). This document confirms that I am recognized as a volunteer of JHTR which exists to provide quality recreation and therapy services, in a safe environment. This document is in compliance with the provisions of RSA 508.12, the volunteer immunity law.

As a volunteer of JHTR, I have completed available and appropriate training. I understand and agree that in the performance of my duties as a volunteer, I must hold personal and medical information regarding participants/families confidential. I understand that all information (written and verbal) about participants at JHTR is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor and JHTR.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If I am injured on JHTR property while participating in any JHTR activity and I am unable to give or deny consent for medical treatment I do/do not authorize JHTR to seek and provide, if necessary, such medical treatment as may be necessary or advisable to address any injury or illness, including but not limited to, emergency medical services, transport, or assistance.

I, _____ ("Volunteer Name"), am over 18 years of age and fully competent to sign this Emergency Medical Treatment Form, which I have read and understand.

OR

I, as guardian of _____ ("Minor Volunteer Name"), by such signature, represents I have read and understand this form. If minor requires any medical treatment as a result of an injury, accident, or illness while on JHTR property and I as guardian am not available, by my selection below I authorize or do not authorize medical treatment at JHTR staff discretion.

I DO

I DO NOT

I authorize JHTR to notify my emergency contact in the event of accident, injury, or illness.

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone: _____

Allergies to medications: _____

Current medications: _____

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? YES NO

If yes, what was the classification of the offense: Felony Misdemeanor

If so, please explain: _____

I, _____ (name), authorize JHTR to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the PATH Intl. Center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

VOLUNTEER LIABILITY RELEASE

The undersigned acknowledges that the handling of horses is hazardous to all participants, including the horse, and therefore, willingly and knowingly, accepts all risks associated with participation in any JHTR program. The undersigned hereby, intending to be legally bound, for themselves, their heirs and assigns, executors or administrators, waive and release forever all claims for damages against Jackson Hole Therapeutic Riding, its board of directors, executive director, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating with JHTR.

Further, I release, waive and forever discharge any and all liability, claims, and demands whatever kind or nature against JHTR and its affiliated partners and sponsors, including and in each case, without limitation, their directors, officers, employees, volunteers and agents (The released parties), either in law or equity, to the fullest extent permissible by law, including but not limited to damages and losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage of property, which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation with the activities at JHTR.

Under Wyoming Law, 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, pursuant to W.S 1-1-126.

Signature: _____ Date: _____
(If under 18yrs old, parent or legal guardian must sign)

JHTR & PATH INTL. PHOTOGRAPH AND FILM RELEASE

Consent/do not consent to and authorize the use and reproduction by JHTR of any and all photographs and any other audio/visual materials taken of me (or my dependent) for promotional material, social media, including but not limited to Facebook and Instagram, educational activities, exhibitions, or for any other use for the benefit of the program.

Initial for Consent: _____ Initial for Non-Consent: _____
(Volunteer or Guardian of Volunteer) (Volunteer or Guardian of Volunteer)

VOLUNTEER CODE OF CONDUCT

By signing this agreement I, a volunteer or guardian of volunteer, agree to the following:

- I understand that the goal of volunteering is to engage and educate the public, and my attitudes and actions should always further that goal.
- I agree to work my entire volunteer shift or working shift as scheduled, to conduct myself in an appropriate manner, to dress in attire that follows the volunteer/staff dress code, to follow safety procedures, and to be prepared for my shift.
- I understand that if I cannot make a volunteer shift/work shift (or any part of a shift), it is important to notify the Volunteer Coordinator ahead of time by calling the office at 307-733-1374.
- During my scheduled volunteer shift, I agree to follow directions given by staff, and understand that while I am at the JHTR arena my focus should be on the participant/horse/duties assigned to me.
- I understand that I am responsible for reviewing all materials given to me at orientation and trainings.
- I know that I represent JHTR, and I promise not to engage in any activity that may cause harm to the organization, others or me.
- I understand that failing to observe the above pledges will result in further action and can result in my dismissal from the volunteer program or internship.

I have received and reviewed the Volunteer Code of Conduct

Initials: _____
(Volunteer or Guardian of Volunteer)

JHTR COMMUNICABLE DISEASES POLICY

JHTR is committed to the health and safety of anyone coming to JHTR to participate in JHTR activities including its staff, participants, their families, and volunteers. JHTR reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy environment.

By signing this agreement, I the Participant or Parent/Legal guardian (if under 18 years old), agree to the following policies at JHTR:

- **Duty to Self-Monitor:** Participants and their attendants agree to self-monitor for signs and symptoms of communicable diseases (including, but not limited to, SARS, COVID-19. etc) and agree to contact JHTR if he/she experiences symptoms of said diseases within 5 days after participating in any JHTR activity.
- **Exposure:** All Participants and their attendants will be asked to certify they have not been exposed to, tested positive for or are experiencing symptoms of the communicable diseases (including, but not limited to, SARS, COVID-19. etc) and may be prohibited from participation until further notice.
- **Mask Policy:** Masks are optional for participants, guests, volunteers and staff. If any participant requests that masks be worn for their protection, JHTR staff will make every effort to comply with their request.

I have received and reviewed the Communicable Disease Policy

Initials: _____
(Volunteer or Guardian of Volunteer)

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