

Marion Therapeutic Riding Association, Inc
VOLUNTEER APPLICATION
6850 SE 41st Court, Ocala, FL 34480
352-732-7300 Volunteer@mtraocala.org

Today's Date: _____

Name: _____ Date of Birth: _____

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

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

Email Address: _____

Preferred Method of Contact: Home Phone Cell Phone Email

Employer/School: _____

Title/Student: _____

Retired? Yes No

Do you have previous horse experience? Yes No

Do you have previous experience with special needs? Yes No

Do you have any physical limitations:

Are you on any medications? If so please list them: _____

Special Training or Skills: Special Ed OT PT RN LPN EMT First Aid CPR

Other: _____

Are you a member of any of the following: PATH International EAGALA AHA CTHA

Other: _____

Do you belong to any clubs or social groups (book club, horse club, etc.)?

How did you learn about MTRA? _____

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Areas of interest as a MTRA volunteer:

- | | |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Sidewalk with a client | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Horse leader in a class | <input type="checkbox"/> Special Projects/Events |
| <input type="checkbox"/> Horse care | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Care and repair of tack | <input type="checkbox"/> Website management |
| <input type="checkbox"/> Facility maintenance | <input type="checkbox"/> General office work |
| <input type="checkbox"/> Volunteer recruitment | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Barn chores | <input type="checkbox"/> Outreach |

Days of Availability:

Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____

Morning ____ Afternoon ____ Evenings ____

Background Checks

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/or contractor/vendor, 18 years old or older, for whom which 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 prohibited to MTRA due to the large number of volunteers we need to provide the services of equine assisted activities to our clients. MTRA must ask the volunteer applicant to 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 if you are under 18 year old:

Have you ever been convicted of a crime? No ____ Yes ____ (if yes explain below)

Do you have any open court cases? No ____ Yes ____

Explanation:

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In a case of emergency who shall we contact?

Name: _____ Relationship: _____

Phone number: _____

Name: _____ Relationship: _____

Phone number: _____

EMERGENCY MEDICAL RELEASE:

In case of a **Medical Emergency**, I _____ (Volunteer, Parent, or Legal Guardian) authorize **Marion Therapeutic Riding Association, Inc.** to provide such medical assistance as they determine to be necessary.

In the event that the **physician listed above cannot be reached**, I _____ (Client, Parent, or Legal Guardian) authorize any medical care, surgical care, and/or hospital staff to provide care, which includes anesthetic, for the participant which they determine necessary or advisable.

Signature of Volunteer or Parent/Legal Guardian

Date

Printed Name of Volunteer or Parent/Legal Guardian

Confidentiality Policy

I understand that any personal or identifying information that learn about clients through my association with MTRA 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 of Volunteer or Parent/Legal Guardian

Date

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!!WARNING!!

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 of Volunteer or Parent/Legal Guardian

Date

Photo Release

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 of Volunteer or Parent/Legal Guardian

Date