

# HOPE Equestrian Center



## Welcome!

Thank you for your interest in volunteering with HOPE. Enclosed you will find information about HOPE along with our Volunteer Application Forms that need to be filled out and returned before volunteering. We look forward to working with you.

**Return your completed application to:**

**The barn when you come out.**

Please feel free to call us with any questions you may have. We invite you to come by and visit our program facility at 716 Riley Rd. Eagle Point, OR 97524

Sincerely,

Angie Ballard  
Executive Director

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Road, Eagle Point, OR 97502*

*(541) 776-0878 website: [hopeequestrian.com](http://hopeequestrian.com) email: [info@hopeequestrian.com](mailto:info@hopeequestrian.com)*

**HORSES OFFERING PEOPLE EXCELLENCE**



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

**Volunteer Information**

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Parent/Guardian Name, Address and Phone# (if under age 18): \_\_\_\_\_

How did you learn about HOPE Equestrian Center? \_\_\_\_\_

Check which areas you are interested in.

*Program Volunteer*

- Leading a Horse
- Side walking with a student
- Stable Management

*Competition*

- Horse Show
- Ride-a-Thon
- Special Olympics

*Administration*

- Fundraising Events/Public Events
- Newsletter/Website
- Volunteer Recruitment

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

**Liability Release**

(Volunteer's Name) \_\_\_\_\_ would like to volunteer for HOPE Equestrian Center.

As a volunteer at HOPE Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, dependents and assigns, executors or administrators, waive and release forever all claims for damages against HOPE Equestrian Center and/or its affiliates, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in HOPE Equestrian Center.

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

Volunteer, or Parent / Guardian (if under age 18)

**Photo Release**

I consent to and authorize the use and reproduction by HOPE Equestrian Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

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

Volunteer, or Parent / Guardian (if under age 18)

**Statement of Confidentiality**

I understand that at HOPE Equestrian Center, there is certain information that is available to me but is considered confidential. It is to be used only for facilitating the goals and objectives of the individual rider, according to the direction of the instructor or therapist. In consideration of the right to privacy of the students and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will prove reason for dismissal.

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

Volunteer, or Parent / Guardian (if under age 18)

**HOPE**  
 Equestrian  
 Center

*Therapeutic Horse Riding for the Rogue Valley*

Mailing Address: P.O. Box 396, Eagle Point, OR 97524

Program Address: 716 Riley Rd. Eagle Point, OR 97524

(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com

**HORSES OFFERING PEOPLE EXCELLENCE**



---

## Volunteer Liability Release

Date \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

As a volunteer at HOPE Equestrian Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, dependents and assigns, executors or administrators, waive and release forever all claims for damages against HOPE Equestrian Center and/or its affiliates, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in HOPE Equestrian Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer, or Parent / Guardian (if under age 18)

*Print name and address below if different than Volunteer's:*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



## Volunteer's Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of giving services, or while being on the property of the center and/or its affiliates, I authorize HOPE Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

*In the event I cannot be reached, contact:*

1. \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Special Medical Instructions:**

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer, or Parent / Guardian (if under age 18)

*Print name and address below if different than Volunteer's:*

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Non-Consent Plan**

I do not give my consent for emergency medical aid/treatment in the case of illness or injury during the process of giving services, or while being on the property of the center and/or its affiliates. In the event emergency aid/treatment is required, I wish the following procedures to take place

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer, or Parent / Guardian (if under age 18)



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

---

**HOPE Volunteer Handbook**

Volunteer Name: \_\_\_\_\_  
*Please Print*

I have read, understand and agree to adhere to the VOLUNTEER HANDBOOK. I understand that the VOLUNTEER HANDBOOK outlines best practices and requirements, but it does not cover every possible scenario I may encounter while volunteering at HOPE. I understand that it is my responsibility to ask questions and comply with follow-up information from the Certified Instructors, Volunteer Coordinator and/or Executive Director. Further, I understand that the VOLUNTEER HANDBOOK does not preclude any other releases I have also signed. I may request a copy of the VOLUNTEER HANDBOOK to be sent to me via email, or I may check out a copy of the VOLUNTEER HANDBOOK, on a temporary basis from one of the Instructors.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Volunteer

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian (if under age 18)

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Rd. Eagle Point, OR 97524*

*(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com*

**HORSES OFFERING PEOPLE EXCELLENCE**