



## 2023 Volunteer/Staff Application

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

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

Date of Birth: \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Email: (PRINT CLEARLY) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Best way to contact you:** ☐ cell phone ☐ home phone ☐ e-mail

**May we text you with information?** ☐ Yes ☐ No

Employer/School: \_\_\_\_\_

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

**(If under 18 years of age)** Full Name of Parent/Legal Guardian/Caregiver: \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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

Email address of parent/legal guardian: **(PRINT CLEARLY)** \_\_\_\_\_

Last Tetanus Shot: Date: \_\_\_\_\_ Other: \_\_\_\_\_

### Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted activity program. Do you have any medical (physical, cognitive or emotional) reason for not being able to volunteer with the horses and riders for a 3-hour block of time?

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

### Check areas in which you are interested:

#### Program

- ☐ Horse Handling/Schooling
- ☐ Assisting Participants
- ☐ Feeding and care of horses
- ☐ Facility Maintenance/Repairs

#### Special Events

- ☐ Fundraising
- ☐ Gala/silent auction
- ☐ Outreach/booth
- ☐ Volunteer recruitment

#### Administration

- ☐ Photography/Video
- ☐ Budget & Finance
- ☐ Data entry, filing, updating files

### Preferred day and time to volunteer:

**Volunteers are encouraged to commit to a 2 or 3 hour block of time each week, consistently.**

- |   |   |
|---|---|
| <input type="checkbox"/> Tuesday 1:30 - 3:30 pm       | <input type="checkbox"/> Tuesday 3:00 - 6:00 pm   |
| <input type="checkbox"/> Wednesday 8:30 am - 12:00 pm | <input type="checkbox"/> Wednesday 1:30 - 3:30 pm |
| <input type="checkbox"/> Wednesday 3:00 - 6:00 pm     |   |
| <input type="checkbox"/> Thursday 8:30 am - 12:00 pm  | <input type="checkbox"/> Thursday 1:30 - 3:30 pm  |
| <input type="checkbox"/> Thursday 3:00 - 6:00 pm      |   |
| <input type="checkbox"/> Friday 8:30 am - 12:00 pm    | <input type="checkbox"/> Friday 1:30 - 3:30 pm    |
| <input type="checkbox"/> Friday 3:00 - 6:00 pm        |   |
| <input type="checkbox"/> Saturday 8:30 am - 12:00 pm  | <input type="checkbox"/> Saturday 12:00 - 3:00 pm |
| <input type="checkbox"/> Saturday 3:00 - 6:00 pm      |   |
| <input type="checkbox"/> Sunday 8:30 am - 12:00 pm    | <input type="checkbox"/> Sunday 12:00 - 3:00 pm   |

# Volunteer/Staff Information Form and Health History

Page 2

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

## Photo Release

I authorize **HEALING HORSES of KAUAI** to reproduce, post any or utilize all photographs and/or audio/visual materials taken of me as promotional material, educational activities, and other public exhibitions, ultimately for the benefit of the HHK program.

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

**Criminal Background Information** Have you ever been charged with or convicted of a crime? Y N

If yes, please explain \_\_\_\_\_

I, \_\_\_\_\_ (volunteer/staff), authorize Healing Horses, Kauai 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 an employee/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: \_\_\_\_\_

CURRENT DRIVER'S LICENSE Y N LICENSE NUMBER \_\_\_\_\_ STATE \_\_\_\_\_

**Confidentiality Agreement:** I understand that any personal or identifying information that I learn about my clients through my association with Healing Horses, Kauai will remain confidential. I agree to refrain from discussing such details as: client's names, specific diagnosis, behaviors and with anyone outside the program or with another program member in a public circumstance where others may hear me.

I understand the importance and necessity of preserving our client's anonymity and privacy and will abide by this agreement.

If a Volunteer is under the age of 18 Parents/ Guardians please ensure your child understands the confidentiality policy before signing on their behalf. Thank you.

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

(Volunteer/Staff)

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

(Parent/Guardian if under 18)



## LIABILITY RELEASE AGREEMENT

### EQUINE THERAPY, INC AND CONTRIBUTORS

#### DBA Healing Horses, Kauai

I, the undersigned, understand that Hawaii Law (Act 249, 1994 Hawaii Legislative Session, effective June 29, 1994) limits the civil liability of persons sponsoring equine (horse, pony, mule, donkey, or hinny) activities. I understand that there are inherent risks of injury, including death, when participating in an equine activity, which risks included but are not limited to (1) the propensity of an equine to behave in ways that may result in injury or death to persons on or around them, (2) the predictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or object animals, (3) hazards such as surface and sub-surface conditionals, (4) collisions with other equine or objects, and (5) the potential negligence of another participant, such as failing to maintain control over the equine, or not acting within the participant's ability. Knowing and understanding the risks of participating in an equine activity; including injury and death to my person and damage to my personal property, I expressly choose to assume these risks. Further, on behalf of myself, my heirs, successors, representative, and assigns, I hereby unconditionally release any and all claims and causes of actions against equine activity sponsor EQUINE THERAPY, INC DBA, HEALING HORSES, and MY KAPAA LLC, and it/theirs owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which I may incur as a result of my participation in this equine activity. I, the undersigned agree to indemnify the above-described equine activity sponsor (including its/their above-described persons and entities) from any and all claims and causes of action brought by or on behalf of said participant at any time

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer/Staff)

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

*(Parent or Guardian must sign if participants are under 18 or unable to sign for themselves)*

#### Demographic Information for Grant Writing Purposes

**Type of Volunteer:** \_\_\_ Traditional/Neurotypical  
\_\_\_ Special Needs: \_\_\_ Mental, \_\_\_ Physical, \_\_\_ Developmental, \_\_\_ Cognitive

**Age Category:** \_\_\_ Elementary (6-10), \_\_\_ Middle(11-13), \_\_\_ High school(14-17), \_\_\_ Adult(18+),  
\_\_\_(Senior Citizen (65+)

**Residency:** \_\_\_ Resident, \_\_\_ Inter-Island, \_\_\_ Mainland, \_\_\_ International

**Descriptor:** \_\_\_ Current or Released Prisoner and/or Persons At-Risk of Incarceration; \_\_\_ Ethnic Minorities; \_\_\_ Indigenous or Tribal Communities; \_\_\_ Limited English Proficiency; \_\_\_ Migrant Worker; \_\_\_ Homeless; \_\_\_ Low Income (ALICE); \_\_\_ Poverty Population (FPL); \_\_\_ LGBTQ; \_\_\_ Military Service Members and/or Veterans; \_\_\_ Newly Injured or Diagnosed Persons with Paralysis and their Caregivers; \_\_\_ Rural Residents; \_\_\_ Survivors of Violence; \_\_\_ Single Parent; \_\_\_ None of These; \_\_\_ Other