



TROT VOLUNTEER APPLICATION

8920 East Woodland Road Tucson, Arizona 85749
Phone (520)749-2360, Fax (520)749-0123
Email: volunteer@trotarizona.org

For office use only:
Orientation date: _____
Training date: _____
Class placement: _____
Substitute day and time: _____
Team: _____

Date: _____

Name: _____
Last First

Address: _____
Street City State Zip

DOB: _____ Work Phone: _____ Cell Phone: _____

E-mail (PRINT CLEARLY): _____

Emergency Contact Name: _____ Cell Phone: _____

Best way to contact you: Cell Phone Email Text Message

Employer/School: _____

Address: _____

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

Home Phone: _____ 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 block of time?

Medications: _____

Allergies: _____

Check areas in which you are interested:

Program

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

Special Events

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

Administration

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

Preferred day and time to volunteer: (Please check the appropriate days and times of the week)

Volunteers are encouraged to commit to a block of time consistently as outlined below. However, if you need to attend for a shorter period of time please indicate below beside "Best".

- Saturday morning 8:00 – 10:15 am
- Tuesday morning 8:00 – 12:30 pm
- Wednesday morning 8:00 – 12:00 pm
- Thursday morning 8:00 – 12:30 pm
- Friday afternoon 1:00 – 2:45 pm
- Monday morning 8:00 – 9:00 am
- Tuesday afternoon 2:45 – 5:45 pm
- Wednesday afternoon 2:45 – 5:45 pm
- Friday morning 8:00 – 12:30 pm
- Best: Day _____ From: _____ to _____

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Photo Release:

I hereby grant **Therapeutic Riding of Tucson (TROT)** permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting the TROT program and do not expect, nor shall receive any monetary reimbursement for this authorization.

Consent Non-Consent

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Yes No If yes, please explain below

I, _____ (volunteer/staff), authorize Therapeutic Riding of Tucson (TROT) 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 TROT, 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 Yes No License Number: _____ State: _____

Social Security # _____

Confidentiality Agreement:

I understand that any personal or identifying information that I learn about my clients through my association with Therapeutic Riding of Tucson (TROT) 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

*Therapeutic Riding of Tucson
8920 East Woodland Road Tucson, Arizona 85749
Phone (520)749-2360, Fax (520)749-0123
Email: volunteer@trotarizona.org*

I, _____ the undersigned, 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 Therapeutic Riding of Tucson, (TROT) and its/their owners, shareholders, officers, directors, principals, employees, agents, representatives and any other personnel, for injury including death, and for any damage to personal property, which 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)



TROT Volunteer/Participant/Guest Dismissal Policy

All participants, volunteers and guests may asked to be leave the center for any of the following reasons:

- a. Disruptive behavior that is counterproductive to the benefit of anyone equine or human at TROT.
- b. Any purposeful act of compromised safety related to any equine, human or self at TROT.
- c. No longer suited, willing or able to perform activities at TROT safely or as directed.

Procedure:

- a. All participants/volunteers/guests who meet the criteria of dismissal will be asked to meet with the Volunteer Coordinator and Program Director to discuss the behavior/issue in question.
- b. The Volunteer Coordinator and Program Director will work to educate and outline the appropriate expected behavior of the participant/volunteer/guest at TROT.
- c. If the participant/volunteer/guest is willing to perform the expected behavior/task, then support and further education will be implemented by the TROT staff.
- d. If the participant/volunteer/guest is not receptive to the expectation of behavior, the volunteer will be asked to leave the TROT program. Therefore, dismissed from the TROT property or returning in the future without permission.
- e. The participant/volunteer/guest will be sent a signed, dated letter confirming the expected actions as a result of the meeting.
- f. An additional copy of the letter will be printed and placed in the participants/volunteer's file.

I, _____ understand the dismissal policy and the need for my behavior and actions to align with the expectation as outlined above.

Signature

Date: _____