

## Victory Reins Volunteer Information

Welcome to Victory Reins! We are so glad that you have chosen to volunteer for our organization. Your willingness to assist us in providing services for people with disabilities is greatly appreciated by everyone.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Alt. Phone # \_\_\_\_\_

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

Birthdate: \_\_\_\_\_

School/Work: \_\_\_\_\_

Availability:	Morning	Afternoon	Evening
	8 a.m. – 12 p.m.	12 p.m. – 4 p.m.	4 p.m. – 8 p.m.
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Not only do we need volunteers during the riding season, but we need help to clean stalls and animal care year around. Would you be interested in this?

Yes

No

- Tell me a little bit about your family.
- How would you describe yourself: as an introvert, extrovert or a combination of both?
- What kind of career would you like to have?
- What are you passionate about?
- What are you gifted at?

- Give some examples of things that are outside of your comfort zone.
- How do you respond when asked to participate in activities outside of your comfort zone?
- Have you ever had any experience with people with disabilities? Please describe.
- Have you ever worked with horses? Please describe.
- How soon can you start?

## EMERGENCY CONTACT INFORMATION

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Training Completion

Date trained: \_\_\_\_\_ Trained By: \_\_\_\_\_

I have been given adequate instruction and training for my volunteer services.

Signature of volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of trainer: \_\_\_\_\_

As you master certain tasks, we will add more areas of care and responsibility to your list of accomplishments. You control how much you want to do here. We are here to train and empower you to help the animals and our special needs riders.

**Victory Reins Volunteer  
Horsemanship Program  
Statement of Confidentiality Act & Mistreatment of Clients**

It is the policy of the Board of Directors to adhere to the guidelines presented in the Mental Health and Developmental Disabilities Confidentiality Act.

I understand and respect the necessity of the confidentiality in regards to the clients that are served by Victory Reins. I realize that any information regarding the clients is to be held in the strictest of confidence.

I will never discuss any information regarding a client without a signed release of information. I will never discuss a client specifically, except with the staff who are involved with the particular client/case.

I am aware that any statement which indicated that an individual receives services from Victory Reins is a breach of confidentiality.

Termination of my involvement with Victory Reins does not relieve me of the responsibility to adhere to the guidelines outlined here as well as the Confidentiality Act. Violation of the Confidentiality Act is a class A misdemeanor.

I understand that any volunteer found guilty of mistreatment will be subject to dismissal. Mistreatment shall be defined as (1) Unnecessary or unreasonable use of force, or striking; (2) Corporal punishment of any sort; (3) Use of violent, profane or obscene language; (4) Any willful failure to respond to a client's obvious needs, or failure to provide the supervision and care the client should have; (5) Infliction of any mental, physical or emotional abuse; (6) Willfully depriving a client of any of his/her rights as provided under the Mental Health Code or other State or Federal Guidelines.

I also understand that I am to report to my immediate supervisor if I witness mistreatment of clients immediately.

I am aware that violation of this policy could result in possible dismissal as a volunteer.

I respectfully agree to sign below and promise to abide by the above regulations.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## Victory Reins NFP Horsemanship Program Liability Release

In consideration of being permitted to participate as a volunteer in the Horsemanship program \_\_\_\_\_, for him/herself and his/her personal representatives, heirs, and next of kin hereby releases, waives, discharges and covenants not to sue the Victory Reins Therapeutic Riding Center, their officers, staff and agents from all liability to him/herself, his/her personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim therefor, on the account of injury to the person or property or resulting in his/her death, whether caused by the negligence of releases or otherwise while he/she is participating as a volunteer in the Horsemanship Program.

\_\_\_\_\_, in consideration of being permitted to participate in the Horsemanship Program does of him/herself. His/her heirs, administrators, and assigns hereby release and forever discharge Victory Reins NFP and their assigns of and from any and every claim, demand, action, or right of action, of whatsoever kind, or nature, either in law or in death and/or property damage resulting from any accident which may result of participation as a volunteer in the Horsemanship program or any activities in connection with the Horsemanship Program, whether by negligence or not.

\_\_\_\_\_, agrees to indemnify the releases from any loss, liability, damage or cost releases may incur due to his/her presence in the Horsemanship Program whether caused by the negligence of the releases or otherwise.

\_\_\_\_\_, hereby assumes full responsibility for and risk of bodily injury, death or property damage due to the negligence of leasee or otherwise while participating in the Horsemanship Program.

\_\_\_\_\_, expressly agrees that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois and that if any portion of the agreement is held invalid. It is agreed that the balance shall continue in full legal force and effect.

\_\_\_\_\_, further states that he/she has carefully read the above release and knows the contents of the release and signs this release as his/her own free act. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not mere recital.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Victory Reins Volunteer Information  
Horsemanship program  
Medical Release**

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

Parent/ Guardian ( IF Minor) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Number \_\_\_\_\_

Date of last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies: \_\_\_\_\_

I hereby give my consent to Victory Reins' staff person(s) or agencies operating on its behalf the right to procure in any emergency, medical and hospital care at our/my expense after reasonable effort.

Signature of volunteer \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_