



AVALON THERAPEUTIC EQUESTRIAN CENTER

N9368 Green Valley Road • Watertown, WI 53094 • 920-206-1148

E-mail: avalontec@avalontec.org Website: www.avalon.org

Volunteer Enrollment Form

Date: _____

Name: _____ Phone(h): _____

Address: _____ Phone(w): _____

City: _____ Phone(cell): _____

State: _____ Zip: _____ Fax: _____

DOB: _____ (MUST be at least 14 to volunteer at Avalon T.E.C.) E-Mail: _____

Can we share your address, phone number, e-mail address with other Avalon volunteers and/or staff?

Yes: _____ No: _____

I. How did you hear about Avalon?

_____ Newspaper	_____ Client/Volunteer	_____ NARHA
_____ Magazine	_____ Avalon Website	_____ School
_____ Television	_____ Friend	_____ Other: _____

II. Skills/Interests

A. Education: _____

Current Employer: _____

B. Do you have any special skills, interests, or hobbies that you might be able to share with Avalon?

III. Previous Volunteer Experience

Describe: _____

IV. Horses

A. Have you had any previous experience with horses? _____ Yes _____ No _____ I want to learn.

Explain: _____

V. Have you had any training or experience working with people with physical, cognitive, or emotional challenges? _____ Yes _____ No

If yes, please explain: _____

V. Do you have any health issues or physical limitations which we should be aware of?

_____ Yes _____ No

If yes, please explain: _____

VII. Why do you want to volunteer at Avalon T.E.C.? _____

VIII. Please list two (2) personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

I. Areas of Interest and Availability

A. Please check the area(s) in which you would like to volunteer:

- Lesson Ring (as a sidewalker or leading the horse)
 - Helping with: children
 - adults
 - no preference
- Assisting with the horses' grooming and getting equipment ready
- Barn Chores
- Facilities Management (ex. fence repair, painting, etc.)
- Help in Office (ex. computer, mailings, etc.)
- Newsletter Articles
- Fundraising
- Photography, Video Production

B. What day(s) and time(s) can you regularly volunteer? Please check.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Saturday</i>
<i>Morning</i>					
<i>Afternoon</i>					
<i>Evening</i>					

What day(s) and time(s) can you volunteer as a substitute? Please check.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Saturday</i>
<i>Morning</i>					
<i>Afternoon</i>					
<i>Evening</i>					

Comments on interests and availability: _____

Authorization for Emergency Medical Treatment

All volunteers must sign ONE of the following two plans:

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury while serving as a volunteer or while on the property of this agency, I authorize Avalon Therapeutic Equestrian Center to secure and retain medical treatment and transportation as needed. This authorization includes but is not limited to x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will be involved only if the emergency contact person is unable to be reached.

Date: _____ Volunteer's Name (please print): _____

Home Phone # _____

Street Address _____ City _____

State _____ Zip _____

In case of emergency, contact:

Name: _____ Phone Number(s): _____

Name: _____ Phone Number(s): _____

Physician's Name: _____ Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Volunteer's Signature: _____

(or signature of parent/guardian if volunteer is under age 18)

Non-Consent Plan

I do not give my consent for emergency medical treatment in the case of illness or injury while serving as a volunteer or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place (list procedures):

Date: _____ Volunteer's Name (please print): _____

Volunteer's Signature: _____

(or signature of parent/guardian if volunteer is under age 18)

LIABILITY RELEASE (Must Sign)

I, (print name) _____ would like to participate in the Avalon Therapeutic Equestrian Center program. I acknowledge the risks and potential risks of horseback riding. (Under the Wisconsin Equine Activity Civil Liability Act [WI Statute 895.481], each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss or damage to person or property resulting from the risk of equine activities.) However, I feel that the possible benefits are greater than the risks assumed, I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors or administrators, waive and release forever all claims for damages against Avalon Therapeutic Equestrian Center, its Board of Directors, Advisory Board, Instructors, Therapists, Aides, Volunteers, and/or employees for any and all injuries sustained while participating in the Avalon Therapeutic Equestrian Center program.

Signature: _____ Date: _____

(or signature of parent/guardian if volunteer is under age 18)

CONFIDENTIALITY (Must Sign)

As a volunteer for Avalon Therapeutic Equestrian Center, I agree to preserve the right of confidentiality for all individuals participating in any activities at or sponsored by said facility. Confidential information includes, but is not limited to, medical, social, referral, personal, and financial information regarding clients, their families, instructors, board members, volunteers, independent contractors, and any other individual involved with Avalon Therapeutic Equestrian center.

Signature: _____ Date: _____

CONFIDENTIALITY (Must Sign)

I hereby consent to and authorize the use and reproduction by Avalon Therapeutic Equestrian Center of any and all photographs and other audiovisual material taken of me for promotional printed materials, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

(or signature of parent/guardian if volunteer is under age 18)