



**P.O. Box 624
Freeland, WA 98249
(360) 320-1573**

info@equestriancrossings.org
www.equestriancrossings.org

[rev 100615]

VOLUNTEER & STAFF INFORMATION

YEAR: 20 SESSION: Fall Winter Spring Summer

CONTACT INFORMATION:

Volunteer Name: _____

Address: _____

City/State _____ Zip Code: _____

Phone: Home: _____ Business: _____ Cell: _____

E-mail: _____ DOB: _____

If Volunteer is a Minor: Parent/Guardian's Name _____

Parent's Phone: Home: _____ Business: _____ Cell: _____

Parent's E-mail: _____

OTHER IMPORTANT INFORMATION:

Employer/School: _____ City: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

How did you learn about this program? _____

Health History:

Please describe your current health status, particularly physical/emotional demands of working in a program with equine-assisted activities. Address your fitness, cardiac/respiratory/bone/joint function, recent surgeries, hospitalizations or lifestyle changes. _____

Allergies: _____

Medications: _____

Date of Last Tetanus: _____ DOB: _____

VOLUNTEER INTEREST SURVEY

I am interested in [Check ALL that apply]:

*I understand that the information provided above is accurate to the best of my knowledge.
I know of no reason why I should not be able to participate in this Organization's program.*

Signature: _____ **Date:** _____

Program

- Horse handling
- Side walking
- Stable Management
- Facility Repairs
- Photography / Video
- Horse Sponsorship
- Horse Boarding

Special Events

- Horse Show
- Fundraising
- Special Olympics
- Trail Rides
- Parades
- Festivals / Fairs
- Showcases

Administration

- PR/Media Contact
- Grant Writing
- Newsletter writing
- Finding Volunteers
- Website / Forum
- Budget & Finances
- Future Planning
- Handing out flyers
- Writing Newspaper articles and stories
- "Sunshine" person
- Electronic Media
- Board Member
- Committee Chair
- Food Handler's / MAST Permit holder
- Database

PHOTO RELEASE

Volunteer's Name: _____

I DO ... or I DO NOT ...

Consent to/authorize the use and reproduction by **EQUESTRIAN CROSSINGS** of any/all photographs and/or audio/visual/electronic materials taken of me for educational activities, medical progress, promotional materials, exhibitions, and/or for any use for the benefit of the program.

Signature: _____ Date: _____

Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Volunteer: _____

EqX CONFIDENTIALITY POLICY

Due to the nature of therapeutic horseback riding, it is Equestrian Crossings' [EqX] policy that all information pertaining to our students, their families, staff and volunteers shall remain privileged and confidential. This information may include, but not be limited to, any medical, social, referral, personal and/or financial information that may be disclosed due to participation in this program.

Disclosure of any confidential information shall not be made to anyone not associated with EqX. Discussions involving any student shall be limited to progress reports, appropriate mounted/un-mounted safety guidelines, and other guidelines the instructor may deem appropriate in each situation. Volunteers will be given information concerning students on a "need to know" basis and in keeping with the confidential nature of our clients' records. Each student shall be assured of record confidentiality and only authorized staff will have access to a secured records location.

Interviews or other forms of public discussions with any public relations media, through either television, radio, print, or any other type of publications, is strictly prohibited by any volunteer. All such matters shall be directed to the Board of Directors for appropriate action.

Since our intentions are to safeguard our students, this policy is designed to ensure that the privacy of our students, their families, and volunteers is protected. Sensitive medical, psychiatric, psychological and/or personal information may be detrimental if released to those outside of the EqX organization. Such a breach of confidentiality may also constitute grounds for legal action.

Failure to adhere to the EqX Confidentiality Policy by any staff or volunteer may result in corrective actions being taken and/or even termination of their service with EqX.

I have read, understand, and agree to abide by the EqX Confidentiality Policy.

Signature: _____ Date: _____

Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Volunteer: _____



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

Please check all that apply:

Staff

Volunteer

Name: _____

Address: _____

City/State _____ Zip Code: _____

Phone: Home: _____ Business: _____ Cell: _____

E-mail: _____ DOB: _____

Physician's Name: _____

Physician's Phone: _____

Preferred Medical Facility: _____

Facility's Phone: _____

Health Insurance Company: _____

Policy #: _____ Group #: _____

Allergies: [Food/Drug, etc] _____

Date of Last Tetanus Shot: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____

Relationship: _____ Phone: _____ Cell: _____

Name: _____

Relationship: _____ Phone: _____ Cell: _____

WHERE DREAMS MEET OPPORTUNITIES!

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, **I DO** authorize **EQUESTRIAN CROSSINGS** to:

1. Secure and retain medical treatment and transportation, if deemed needed.
2. Release client records, upon request by the authorized individual or agency involved in the medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if an emergency contact listed above is unable to be reached.

Participant's Signature: _____ Date: _____

Print Name: _____

Signature of Parent/Guardian (if participant is a Minor): _____

Print Name: _____

Relationship to Participant: _____ Date: _____

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

I **DO NOT** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property operated by **EQUESTRIAN CROSSINGS**. In this case, I understand that:

- A parent or legal guardian will remain on site at all times during equine-assisted activities;
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Participant's Signature: _____

Print Name: _____

Date: _____

Signature of Parent/Guardian (if participant is a Minor): _____

Print Name: _____

Relationship to Participant: _____ Date: _____

NOTE: FORM MUST BE UPDATED ANNUALLY.

RELEASE OF LIABILITY & INDEMNITY AGREEMENT

Volunteer's Name: _____

I, _____, hereby acknowledge that I and/or my legal guardian, have voluntarily volunteered to participate in equine activities with the EQUESTRIAN CROSSINGS. *[Initial the following paragraphs to show you understand and agree.]*

I fully understand that equine-assisted activities, or even being near a horse, involves numerous dangers and risks of injury to me. I acknowledge that the assumption of all the risks involved is my responsibility and I completely release EQUESTRIAN CROSSINGS and its agents from all liability for any and all injuries caused by my participation in equine-assisted activities.

I fully understand that an animal (horse), irrespective of its training and usual past behavior and characteristics, may act or react unpredictably based on instinct or fright, and that even the most gentle horse, when provoked or frightened, may rear, buck, run away or otherwise act in an unpredictable and dangerous manner. In addition, weather such as thunder, hail, lightening, high wind or snow sliding off the roof, or sudden appearance of another animal, person or machine can cause a horse to rear, buck, run away or otherwise act in an unpredictable and dangerous manner. Having understood these dangers, I fully assume all of the risks involved and completely release EQUESTRIAN CROSSINGS and its agents from liability for any and all injuries to me from my volunteer participation in equine-assisted activities.

I fully understand that equine-assisted activities on any type of terrain can be dangerous to my horse and me and that this danger increases when moving fast, such as at a canter (lope) or at a gallop. Under these conditions, or even while moving at a slower pace, my horse may stumble, be thrown off balance, get caught in a hole or rut, fall, or otherwise be dangerous to me. I also fully understand that I may, at any time, lose control of and/or fall off my horse, or have a collision. I also understand that while participating in this high-risk sport, it is highly recommended and even required for participation in most equine-assisted activities to wear an ASTM SEI-approved equestrian helmet to be worn. I fully assume the responsibility for all of these dangers and risks, and completely release EQUESTRIAN CROSSINGS and its agents from all liability for any and all injuries to me from the dangers and risks as stated above.

I fully understand that animals (horses) and conditions are unpredictable and that the risk of injury or death is inherent to equine-assisted activities and/or being around horses. I fully assume the responsibility for the risk of injury or death caused by my contact with horses and equine-assisted activities. I completely release EQUESTRIAN CROSSINGS and its agents from any and all liability for any and all injuries or death to me caused by my contact with horses and my participation in equine-assisted activities.

I fully understand the EQUESTRIAN CROSSINGS, not having its own property to conduct lessons and events at, must enter into agreements with various equestrian facilities, organizations and private property owners in order to provide appropriate locations for equine-assisted activities. In consideration for the privilege to use such facilities and property, I hereby completely release Equestrian Crossings and its agents from any and all liability caused by any and all risks and/or injuries due to the location(s) chosen. In addition, I completely release any and all such facilities, organizations, and private property owners and their agents from any and all risks and/or injuries to me from my participation in equine-assisted activities at these locations.

The following locations, organizations, and owners and their agents are included:

Reinshadow Ridge Arena
Jerry and Connie Lloyd
3893 Canter Lane
Greenbank, WA 98253

Other arenas and owners as
noted:

I agree not to sue, claim against, attach the property of or prosecute EQUESTRIAN CROSSINGS, its officers, board members, affiliated organizations, agents, employees and/or its volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by negligence or from any other cause.

I agree to defend, indemnify and hold harmless EQUESTRIAN CROSSINGS and all of its officers, board members, affiliated organizations, agents, employees and volunteers for any injury or death caused by or resulting from my participation in equine-assisted activities, whether or not such injury or death was caused by their negligence or from any other cause.

This agreement shall be legally binding upon me, my family, my heirs, my estate, assigns, legal guardians, and my personal representatives.

THIS IS A RELEASE OF LIABILITY

**DO NOT SIGN OR INITIAL THIS RELEASE IF YOU DO NOT UNDERSTAND
AND/OR AGREE WITH ITS TERMS.**

I have carefully read this agreement and fully understand its contents. I am aware that I am releasing certain legal rights that I otherwise may have and I enter into this release of liability and indemnity agreement on behalf of myself and/or my legal ward of my own free will.

Signature: _____ Date: _____
Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Volunteer: _____

VOLUNTEER SAFETY RULES

(Make sure to keep a copy for your reference!)

1. **BE ALERT!** “Equine-related” activities involve working with, on and around horses! And horses can be lots of fun, but are inherently risky and can be dangerous.
2. **WEAR YOUR HELMET!** Students must wear their helmet when working on or around horses!
3. **DON'T GO IT ALONE!** Unless deemed fully “independent”, students must wait for an **EqX** Volunteer to be with them before entering a horse's stall or approaching a tied horse.
4. **ALWAYS WALK!** Don't run when working around or with horses.
5. **DON'T GET KICKED!** Never approach a horse from the rear! A horse cannot see behind him and if surprised, may “Kick 1st and ask questions later”! *OUCH!!* Walk towards your horse's shoulder and neck.
6. **TALK WITH YOUR VOICE!** Always talk to your horse before approaching or touching him. Let the horse know you are there, are not going to hurt him, and wait for him to accept you.
7. **TALK WITH YOUR HANDS!** After your horse knows you're there, keep a hand on his body as you walk around him and talk reassuringly to him so he knows where you are.
8. **HITCH YOUR HORSE SAFELY!** Never tie a horse using the reins and bridle! If you have to tie him, use a quick-release knot, ground tie or simply wrap the lead rope attached to his halter around the hitching post.
9. **LEAD FROM THE LEFT!** Traditionally, you lead a horse from the left side by placing your inside hand about 12-18” away from his halter. When leading with an **EqX** Volunteer, always let the EqX Volunteer be between you and the horse.
10. **LEAD WITH A RELAXED LEAD ROPE!** Keeping your lead rope loose between you and your horse helps your horse relax. Always make a “butterfly” [*Don't wrap it!*] with the excess lead rope to hold in your outside hand. Don't let the rope drag on the ground so you and your horse don't trip on it. Learn to lead from both sides.
11. **YOU ARE THE HERD LEADER!** Keep your shoulder in line with your horse's ear when you lead to help your horse understand that you are in charge. Use your voice and body language to give directions. Looking ahead helps you become your horse's protector.
12. **DON'T YANK YOUR HORSE!** Use gentle ‘pressure & release’ commands on horse's halter or rope! Don't jerk/yank on his halter or lead rope. NEVER get in front and pull your horse. Remember, some of our horses are “old timers” and need time to get what you are saying.
13. **REMEMBER THE “2 + 2” RULE!** Keep at least 2 horse lengths between your horse and the next horse. If you need more room, either slow down, stop, make a short circle towards the inside of the arena, or safely cut across the arena to get back on the rail.
14. **FOLLOW YOUR HORSE!** If your horse pulls back, step back with him. Don't pull against him. He will go forward again since you have acknowledged his need. And look around! He may have seen something you hadn't noticed!
15. **WATCH YOUR HORSE!** If the horse rears up, release the hand closest to the halter to avoid being

pulled off the ground. However, don't completely let go of the rope, if safely possible.

16. **WATCH WHERE YOU'RE GOING!** Be aware of your surroundings and help keep your fellow students and **EqX** Volunteers be aware, too. Let everyone know when you see a dog or hear a loud truck passing by. This gives everyone time to get ready!
17. **DON'T PLAY LIMBO WITH YOUR HORSE!** When tacking, grooming, or moving around your horse, never go under his neck or belly. He may surprise you by bringing his leg up or his head down fast.
18. **WATCH YOUR FINGERS!** Pet the horse on his neck and shoulders. Do not "dab" at his nose because his may think they are a treat!
19. **TAKE OFF HIS TACK INSIDE THE STALL!** After leading a horse into his stall, turn him so he faces the stall door entrance. Close the door before removing his tack. Make sure you can open the door from the inside or have someone wait for you on the outside.
20. **BE GENTLE WITH THE BIT!** Your instructor or EqX volunteer will help bridle your horse. Be very gentle when you pull on the reins and never yank them to help keep their mouth from getting sore.
21. **TIGHTEN THAT GIRTH TWICE!** When saddling or harnessing, remember to tighten the girth SLOWLY. Abrupt pulls on the girth can pinch the horse's skin and you may get a bite to let you know it. Adjust your saddle carefully with the girth just tight enough so that the saddle and pad will not shift. BUT be sure the girth is fully tightened before mounting!
22. **GIVE HIM A STRETCH!** It also helps to stretch the horses' front legs to get the skin wrinkles out. And it feels good, just like when YOU stretch before exercising.
23. **WAIT TO MOUNT!** "Patience is a virtue" and important for your safety! Wait until your Instructor says it's OK to mount your horse.
24. **WHEN IN DOUBT, ASK!** Remember, there are NO dumb questions. Your **EqX** Instructors and Volunteers are here to help EVERYONE!
25. **TALK TO US!** Please let your **EqX** Instructor or Volunteer know IMMEDIATELY if you are uncomfortable or unsure about anything -- Your "team" assignment, uncertainty about any task you've been given -- WHATEVER! We value your opinion! "Equine" activities should be fun! REMEMBER, horses (and people) are very sensitive "creatures" and can feel OUR pain and discomfort. If we don't know there's a problem, we can't fix it! So speak up and talk to us!

Signature: _____ Date: _____

Parent/Guardian (if a Minor)

Print Name: _____ Relationship to Student/Volunteer: _____

CRIMINAL AND ABUSE DISCLOSURE

This information is requested by **Equestrian Crossings (EqX)** pursuant to Chapter 486, WAC of 1987, RCW 43.43.700 et.seq. Before volunteering, **EqX** will check with WA State Patrol (WSP) regarding any matters on this disclosure form. Volunteering will be on a conditional basis until your background check has been completed and reviewed by **EqX**. Records supplied in response to this inquiry will be used by **EqX** only for scheduling Volunteers. There will be no release of these records, and all information will be strictly confidential.

1. Applicant's full name and date of birth:

Birth Date:

 (First) (Middle) (Last) (mm/dd/yyyy)

Any other name(s) applicant has used (*including Maiden Name, etc.*):

 (Sex) - (Race) SSN (optional) / (Driver's Lic. Number/State/Exp. Date)

2. Applicant's Address and Phone Number:

 (Street) (City) (State) (Zip) (Phone Number)

(Mailing Address, if different)

3. Have you ever been convicted of any of the following crimes: Aggravated murder, first degree murder, second degree murder, first degree kidnapping, second degree kidnapping, first degree assault, second degree assault, third degree assault, first degree rape, second degree rape, third degree rape, first degree statutory rape, second degree statutory rape, third degree statutory rape, first degree robbery, second degree robbery, first degree arson, first degree burglary, first degree manslaughter, second degree manslaughter, first degree extortion, second degree extortion, indecent liberties, incest, vehicular homicide, first degree promotion prostitution, communication with a minor (for immoral purposes), unlawful imprisonment, simple assault, sexual exploitation of a minor, first degree criminal mistreatment, second degree criminal mistreatment? Yes No

If yes, circle and give place and year of conviction:

Crime	Place/Year

4. Have you ever been adjudicated in a civil action (including domestic relations and child dependency), to have physically or sexually abused or exploited any minor? Yes No

If yes, give the place, year, and court in which such adjudication was made, and the name of the minor:

5. Have you ever been found by a disciplinary board to have physically or sexually abused or exploited any minor? Yes No

If yes, give place and year of such findings, name of board and name of minor:

Signature: _____ Date: _____



WASHINGTON STATE PATROL

Identification and Criminal History Section

P.O. Box 42633

Olympia, WA 98504-2633

(360) 705-5100

<https://watch.wsp.wa.gov>

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING CONVICTION CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. RETURN THIS REQUEST TO **EQUESTRIAN CROSSINGS [EqX]** STAFF.

SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Drivers Lic. # / Expiration Date _____ State: _____

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

ALL INFORMATION STRICTLY CONFIDENTIAL

PLEASE MAIL TO:

EQUESTRIAN CROSSINGS [EqX]

P.O. Box 55

Coupeville, WA 98239