



Lothlorien
Therapeutic Riding Center, Inc.
15 Reiter Road, East Aurora, NY 14052
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LOTHLORIEN VOLUNTEER APPLICATION

Complete this application and return to LTRC by mail, fax email or in person prior to the first lesson you attend.

- RETURNING VOLUNTEER
 NEW VOLUNTEER

DATE: _____

Name: _____ D.O.B: _____ Age: _____

Mailing Address: _____

Best phone # to reach you: _____ OK to text? YES NO

E-mail: _____ No email _____

School attending & grade: _____ Occupation: _____

How did you hear about LTRC? _____

Have you been charged with or convicted of a crime? YES NO If yes, explain:

If volunteering for community service hours, how many hours do you need _____

For what organization: _____ Date hours need to be completed: _____

I am a _____ leader _____ sidewalker _____ both

_____ **RETURNING VOLUNTEERS:** I have completed at least one session as a sidewalker and am interested in becoming a leader. (You will be contacted by LTRC staff to set up leader training.) **NEW VOLUNTEERS:** Sidewalking for one session is required prior to requesting leader training.

PARENT/LEGAL GUARDIAN (if under 18): Name: _____

Address (if different from above): _____

Best phone # to reach you: _____ OK to text? YES NO

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

LIABILITY RELEASE & HOLD HARMLESS AGREEMENT

I _____ (volunteer's name) fully understand the risk involved with horse-related activities, horseback riding, and/or working around horses. These risks include, but are not limited to bodily injury, permanent disability, physical harm to rider, horse and spectator, and even death. I further understand that the horse is a prey animal and regardless of its calm nature and training, the horse will revert to its natural instinct to fight or flee when frightened. These actions may include, but are not limited to, changing speed or direction at will, shifting its weight, bucking, rearing, kicking, biting or running from danger. I further understand that LTRC and its representatives are not responsible for acts, occurrences, or elements of nature which include, but are not limited to, thunder, lightning, rain, snow, wind, and irregular footing which is subject to constant change in condition according to weather, temperature, usage, and natural and man-made changes in landscape. Therefore, in consideration of working around horses at LTRC, I hereby, intending to be legally bound, for myself, my heirs, assigns, executors and/or administrators, waive and release forever all claims for damages against LTRC, its Board of Directors, Advisory Board, instructors, therapists, aides, volunteers, employees, agents and representatives of any kind for any and all injuries, accidents, damages, claims, demands, causes of actions, law suits or illness to the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises and/or losses I may sustain while participating in LTRC's program.

AUTHORIZATION & CONSENT FOR EMERGENCY MEDICAL TREATMENT

Volunteer Name: _____ D.O.B: _____

Physician's Name: _____ Phone: _____

Allergies: _____

List any pertinent medical information that staff should be aware of in the event of an emergency (i.e. medication, medical condition, bee sting allergy, asthma, history of seizures, etc.): _____

CONSENT/NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT (CHOOSE ONE)

- CONSENT PLAN:** In the event emergency medical aid/treatment is required due to illness or injury during the process of working with and around horses or riding or volunteering or while on the property of the agency, I authorize LTRC to secure and retain medical treatment and transportation if needed and release my records upon request to the authorized individual or agency involved in the emergency medical treatment. This authorization includes X-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contacts above are unable to be reached.

- NON-CONSENT PLAN:** I DO NOT give my permission for emergency medical aid/treatment if required due to illness or injury during the process of working with and around horses, volunteering or while on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

CONFIDENTIALITY POLICY: All LTRC volunteers are required to respect the participant's rights to privacy, and to honor confidentiality. Information specific to a participant's disability will be shared only between counsel/parent, attending medical personnel and LTRC staff directing program participation (i.e. instructor). All photographs must be pre-approved by the counselor/parent with a signed photo release on file. Furthermore, confidentiality standards must be adhered to during telephone conversations, telephone messages and volunteer discussions.

PHOTO RELEASE: (CHOOSE ONE)

- YES LTRC can use/reproduce any and all photographs/audio/visual materials taken of me for promotional printed material, web site, educational activities or for any other use for the benefit of the program.
- NO LTRC does not have permission to use any photograph or reproduction of me for any reason

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- I have read and understand the LTRC Application and Volunteer Policies and Program Rules
 - I affirm that the information I have provided above is true and complete. I understand that if at any time the information provided is found to be knowingly falsified, inaccurate or inappropriate, I will forfeit my position as a volunteer and will no longer be permitted to volunteer at LTRC.

Signature: _____ Date: _____

Volunteer or Parent/Guardian (if under 18)