



**NARHA**  
 North American Riding  
 for the Handicapped Association, Inc.  
 Premier Accredited Center

# **AGAPÉ THERAPEUTIC RIDING CENTER**

CICERO CAMPUS  
 24950 MT. PLEASANT RD.  
 CICERO, IN 46034  
 PHONE (317) 773-7433 ; FAX(317)984-9103

## 2009 VOLUNTEER APPLICATION

**\*All Agapé Volunteers must be at least 16 years old or 14 and 15 as part of the "Team Volunteer Program".**

Name \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext \_\_\_\_\_  
 E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Place of Employment \_\_\_\_\_

If you are a student, school name \_\_\_\_\_ City \_\_\_\_\_

What is the best way to get in touch with you? (In case of class cancellation or other important information.)

Home Phone     Work Phone     E-mail     Other \_\_\_\_\_

### In Case of Emergency

*In case of emergency, I give permission to Agapé Therapeutic Riding Center to secure medical treatment including x-ray, emergency surgery, hospitalization, and medication.*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ City \_\_\_\_\_

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo and Media Release

I consent to and authorize the use and reproduction by Agapé Therapeutic Riding Center of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions, publications, broadcast, website or for any other use for the benefit of the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Volunteer Liability Release

As a volunteer at Agapé Therapeutic Riding Center, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself and my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Agapé Therapeutic Riding Resources, Inc., its board of directors, instructors, therapists, volunteers, riders, and/or employees for any and all injuries and/or losses I may sustain while participating at Agapé Therapeutic Riding Center.

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18: Parent/Guardian Name/Signature: \_\_\_\_\_

**\*\*THIS FORM MUST BE UPDATED YEARLY\*\***

### Background Check for Volunteering (Mandatory to Complete the Following)

Volunteer Legal Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby authorize Agape Therapeutic Riding Resources, Inc. to conduct a limited criminal history check on me through the Indiana Criminal Justice Institute on-line database. I understand that this confidential information will be kept in the locked files at Agape. In addition, I may request a copy of this report that is produced through this check.

Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18:

Parent/Guardian Name/Signature: \_\_\_\_\_ Date \_\_\_\_\_



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*Please read and sign the following statements. Return signed statements to an Agape staff member before volunteering for the first time. Thank you!*

### **STATEMENT OF CONFIDENTIALITY**

The inherent right of all individuals is to be respected as an equal. In all our programs, we are committed to maintain the highest ethical standard in respect to personal information. Therefore, Agape' has established this Statement of Confidentiality.

I, the undersigned, agree to hold in confidence all information given to me regarding any specific individual here at Agape'. All health histories and personal information regarding particular individuals is covered by this agreement.

I will not discuss with my family, friends, acquaintances, or general public, specific individuals, riders, staff or volunteers, or any information relating to an individual here at Agape'.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **VOLUNTEER TERMINATION POLICY**

Volunteering at Agape' is a privilege. We do appreciate all the skill, energy and commitment volunteers bring to our programs. Sometimes it may be necessary to remove a volunteer from a specific class or from programs of Agape'.

Please understand, for the safety, security, and continuation of excellence in programming, an inattentive volunteer, or one who cannot perform the functions or duties of a volunteer, will be removed from classes, and may be placed at other aspects of the program, or invited not to return to Agape'.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to work/volunteer at Agape'. If there may be a question, Agape' staff will ere on the side of caution, and will not permit the individual to volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Additional Information

- ★ **Any Medical Limitations relating to your ability to complete your volunteer duties?** \_\_\_\_\_  
 \_\_\_\_\_
- ★ **Explain the experience, if any, you have had working with horses:** \_\_\_\_\_  
 \_\_\_\_\_
- ★ **Explain the experience, if any, you have had working with people with disabilities:** \_\_\_\_\_  
 \_\_\_\_\_
- ★ **How did you hear about Agapé?** \_\_\_\_\_
- ★ **Any other questions or comments?** \_\_\_\_\_

## Availability

List the day(s) and time(s) you would be available for volunteer work:

Time(s) \_\_\_\_\_ M TU W TH F

