



FREEDOM HORSE

158 FLOCKTOWN RD. LONG VALLEY, NJ 07853

908.852.4201

“And God took a handful of southerly wind, blew his breath upon it, and created the horse”

Volunteer Program Information Sheet

Thank you for your interest in volunteering with Freedom Horse. Our program is for riders with disabilities, including children, young adults and adults.

Volunteers assist in the classes by leading a horse or sidewalking. Help may also be needed in the barn to brush and tack horses. The minimum age for volunteers to lead or sidewalk is 14 years. There may be some opportunities for 12–13 year olds with horse experience to help in the barn.

Requirements

Basic requirements are a comfort level around horses and the desire to help riders with a disability get the most out of each lesson. Volunteers also need to be able to walk for 45 minutes or longer (with some stops along the way) outside.

How to Apply

Step One:

Complete an application form and obtain reference phone numbers.

Step Two:

Attend a “hands on” Volunteer Training Session. This is mandatory. Session date and time can be worked to fit within your schedule.

- Please wear clothing and footwear (no sneakers) suitable for being around horses, dust, etc.



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Volunteer/Staff Information Form and Health History

Name: _____

Address: _____

DOB: _____ Phone (H) _____ (W) _____

Email: _____

Employer/Place of Employment: _____

Parent/Legal Guardian/Caregiver Name/ Address/Phone Number: _____

Recent medical tests: Last Tetanus Shot _____ Tuberculosis Test + -- Date: _____

(Consult your physician or local health dept. if you are not up to date with these shots/tests)

Health History:

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

Allergies: _____

Medications: _____

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

Signature: _____ Date: _____

(volunteer/staff/caregiver; signed in presence of center staff)



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Name: _____

Address: _____

DOB: _____ Phone (H) _____ (W) _____

Photo Release:

I _____ DO

_____ DO NOT

Consent to and authorize the use and reproduction by Freedom Horse of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the center.

Signature: _____ Date: _____

How did you hear about Freedom Horse need for volunteers? _____

What made you choose Freedom Horse as a place to volunteer? _____

Do you have experience interacting with people with disabilities? No Yes If yes, describe _____

Do you have experience with horses? No Yes If yes, describe: _____

Please list any additional skills, interests that you would be willing to share with Freedom Horse.
(e.g. *artistic ability, fundraising, public speaking, computers, etc....*)

Please indicate any medical condition(s) we should be aware of:

Contact person in case of emergency:

Name: _____ Phone: Home _____ Work _____

Relationship to you (e.g. parent, spouse, friend) _____

Background Information:

Have you ever been charged with or convicted of a crime ____No ____ Yes, Please explain _____

I, _____(volunteer/staff), authorize **Freedom Horse** to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly **DO NOT** authorize the NARHA center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____
(volunteer/staff)

Witness: _____ (parent or guardian, only if applicant is under 18 years of age)

CURRENT DRIVERS' LICENSE Y N LICENSE NUMBER _____ STATE _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at this NARHA center is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Signature _____ Date _____
(volunteer/staff)

Witness: _____ (parent or guardian, only if applicant is under 18 years of age)

References:

Freedom Horse requires that **all new volunteers provide phone numbers for two references.** These may come from teachers, employers, other agencies you volunteer with, co-workers, etc.

Reference #1

Name _____

Relationship to you _____

Phone Number _____

Reference #2

Name _____

Relationship to you _____

Phone Number _____

Volunteer Agreement with Freedom Horse

In consideration of this application form, I hereby waive and release any and all claims against Freedom, their paid personnel, volunteers for all injuries and expenses incurred by me during Freedom Horse activities.

Signature of applicant: _____ Date: _____

Witness: _____ (parent or guardian, only if applicant is under 18 years of age)