

TROT VOLUNTEER APPLICATION 2009-2010

8920 East Woodland Road Tucson, Arizona 85749
 Phone (520)749-2360 Fax (520)749-0123

NAME _____ last _____ first _____

ADDRESS: _____
Street City State Zip

Phone: _____ Cell: _____ Work: _____ E-mail: _____

VOLUNTEER JOBS: My volunteer interest(s) are:

Horse Handler	Side Walker	Arts and Crafts
Barn Duties	Photo/ Video Taping	House Cleaner
Stall Cleaner	Mailings	Yard Caretaker
Horse Training Team	Office/ Phones	Weekend Retreats
Volunteer Training Team	Special Events	Summer Camp

There are certain criteria and skills required for some of these positions, which may require further training.

SKILLS and INTERESTS:

1. Previous volunteer experience: _____
- Hobbies and interests: _____
3. Educational background: _____
4. Current occupation: _____
5. Equine background: _____ Years _____
6. Experience: ___ Horse Care ___ Sign Language ___ Spanish Speaking ___ Computer Skills
 Other: _____
7. Do you have experience working with a particular disability? _____

AVAILABILITY: Fill in the following:

PREFERENCE: Please mark all days and times you are available to be scheduled:

<u>Time</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
8am						
9am						
10am						
11am						
12pm						
1pm						
2pm						
3pm						
4pm						

2. SUB...I can also be on-call for the 12 week session: () Fall () Spring

Would you like to be on TROT's last minute call list? () Yes () No

Do you live or work within 10-15 minutes of TROT? () Yes () No

PREFERENCE: MON. TUES. WED. THURS. FRI. SAT.
 A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M.

3. SUB ONLY...I can only be on-call for the 14 week session: () Fall () Spring

PREFERENCE: MON. TUES. WED. THURS. FRI. SAT.
 A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M. or P.M. A.M.

BACKGROUND VERIFICATION:

1. Have you ever been convicted of a criminal offense? YES NO

2. Have you ever been charged with neglect, abuse or assault? YES NO

Please Explain: _____

3. Please list 2 non-family references whom we might contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

LIABILITY STATEMENT: I will not hold TROT liable for any accident or injury incurred while participating in the TROT sessions or related activities nor will TROT, its staff, Board of Directors, owners of the horses or owners of the premises be liable for same. _____ (INITIAL)

PHOTO/VIDEO RELEASE: I hereby grant Therapeutic Riding of Tucson, Inc. permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting the TROT program and do not expect, nor shall receive any monetary reimbursement for this authorization. _____ (CONSENT--Initial) _____ (NON-CONSENT- Initial)

PHYSICAL REQUIREMENTS: I realize that many of the volunteer jobs at TROT require me to be in good health, physically active and mentally alert and focused for the two to three hour session. I also acknowledge that I must be able to walk briskly, occasionally trot, and also be able to tolerate times when there may be severe weather and dust. _____ (INITIAL)

I, _____, have read and understand the contents of this document. The information provided by me is complete, true and accurate to the best of my knowledge.

Signature _____ Date _____

IF MINOR, Signature of Parent/Guardian _____

Good Faith Agreement: Consistency and commitment to our special needs riders is an important aspect of TROT volunteer service. By accepting a permanent position as a side walker and/or horse handler for a least one twelve week semester, I agree to honor this commitment of 1.5 hours per week for the entire semester.

Signature _____ Date _____

IF MINOR, Signature of Parent/guardian _____

MEDICAL HISTORY & EMERGENCY TREATMENT RELEASE INFORMATION

Name: _____ Date of Birth: _____

Height: _____ Weight: _____

MEDICAL INFORMATION:

Physician: _____

Address : _____ Hospital: _____

Medical Insurance Company: _____

Address: _____

Policy Number: _____ group # _____

Company or Agent Phone: _____

IN CASE OF EMERGENCY:

Notify: _____ Phone: _____

Address: _____ Relationship: _____

HOSPITAL PREFERENCE:

You will be taken to TMC or ST. Joseph's Hospital unless you designate a preference below:

I PREFER TO BE TAKEN TO: _____ HOSPITAL.

In case of emergency, I give permission to Therapeutic Riding of Tucson to secure medical treatment including x-ray, surgery, hospitalization and medication. _____ (INITIAL)

MEDICAL HISTORY:

Medications: _____

Allergies: (medications, insect bites etc.) _____

Pertinent Medical Conditions: _____

Useful Medical History: _____

I deem the above information to be true and correct: Signature: _____

IF MINOR Signature of Parent/Guardian _____

TROT POLICY OF CONFIDENTIALITY

DISCLOSURE OF MEDICAL AND/OR SENSITIVE INFORMATION

General Principles: Therapeutic Riding of Tucson shall preserve the right of confidentiality for all individuals who participate in its program.

Procedure: All medical, social, referral, personal, and financial information regarding a person and his/her family shall be kept confidential.

Anyone who works or volunteers for, or provides services to Therapeutic Riding of Tucson, shall be bound by this policy. This policy includes but is not limited to full and part-time staff, volunteers, independent contractors, temporary employees and board members.

Disclosure of information to outside agencies or individuals shall be done only with the specific written consent of the student. If a student is under the age of eighteen (18) and/or not competent to give consent for disclosure, then a parent or legal representative must give informed consent. Intra-agency disclosure of medical and/or sensitive information shall be on an as needed basis only.

The Program Director and Director of Volunteer Services shall ensure that all staff, volunteers, and board members receive a copy of the confidentiality policy. All Staff, volunteers and board members shall sign the confidentiality statement below that pledges to protect the confidentiality of all information regarding individuals who participate in the TROT program.

Penalties: Violations of this policy which result in a breach of confidentiality may result in reprimand, loss of certain job responsibilities or termination. The Program Director shall be responsible for reviewing any violation of this policy.

CONFIDENTIALITY STATEMENT

I have read and understand the above policy of confidentiality for Therapeutic Riding of Tucson. A copy of this policy has been made available to me. I agree to observe and follow all of the procedures contained therein.

Signature: _____ Date: _____

IF MINOR, Signature of Parent/Guardian _____

Witness: _____ Date: _____