



JACKSON HOLE THERAPEUTIC RIDING ANNUAL VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

What is the best way for us to get in touch with you on short notice?
(e.g. in the event of a lesson cancellation) Email Text Call

May we contact you on short notice if we have a last-minute need to fill? Yes No

Parent/Guardian Name (if under 18 years of age): _____

Parent/Guardian Phone Number (if under 18 years of age): _____

How did you learn about JHTR? Community Foundation of Jackson Hole
 Flyer
 Newspaper ad
 Social media
 Word of mouth
 I am a previous volunteer/participant/staff/etc. of JHTR
 Other: _____

When did you begin volunteering with JHTR? _____

MARK YOUR INTERESTS AS A VOLUNTEER:

- Horse Leader (provide warm-up for the horse prior to the lesson and lead during the lesson)
- Sidewalker (walk alongside the horse and assist the participant with stability in the saddle during the lesson)
- Photography (take photos of our special events like fundraisers and horse shows)
- Other: _____

Do you possess any special skills that would benefit JHTR? (e.g. Are you a farrier, photographer, fundraiser, computer expert, etc.? Do you have horse experience? Have you worked with people with disabilities?)

Are there any physical or medical issues that may impede your volunteering skills for JHTR or that we should be aware of? Examples may include allergies, a knee replacement that restricts your ability to run along with a trotting horse, or a sore shoulder that inhibits your range of motion. By sharing this information, you allow the Volunteer Coordinator to place you in a class that best suits your needs and the safety needs of the participant.

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VOLUNTEER LIABILITY RELEASE

The undersigned acknowledges that the handling of horses is hazardous to all participants, including the horse, and therefore, willingly and knowingly, accepts all risks associated with participation in any JHTR program. The undersigned hereby, intending to be legally bound, for themselves, their heirs and assigns, executors or administrators, waive and release forever all claims for damages against Jackson Hole Therapeutic Riding, its board of directors, executive director, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating with JHTR.

Further, I release, waive, and forever discharge any and all liability, claims, and demands whatever kind or nature against JHTR and its affiliated partners and sponsors, including and in each case, without limitation, their directors, officers, employees, volunteers, and agents ("the released parties"), either in law or equity, to the fullest extent permissible by law, including but not limited to damages and losses caused by the negligence, fault or conduct of any kind on the part of the released parties, including but not limited to death, bodily injury, illness, economic loss or out of pocket expenses, or loss or damage of property, which I, my heirs, assignees, next of kin and/or legally appointed or designated representatives may have or which may hereinafter accrue on my behalf, which arise or may hereafter arise from my participation with the activities at JHTR.

Under Wyoming Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to W.S 1-1-126.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

VOLUNTEER CONFIDENTIALITY STATEMENT

Volunteers are an invaluable part of Jackson Hole Therapeutic Riding (JHTR). This document confirms that I am recognized as a volunteer of JHTR, which exists to provide quality recreation and therapy services in a safe environment. This document is in compliance with the provisions of RSA 508.12, the volunteer immunity law.

As a volunteer of JHTR, I have completed all available and appropriate training. I understand and agree that in the performance of my duties as a volunteer, I must hold personal and medical information regarding participants/families confidential. I understand that all information (written and verbal) about participants at JHTR is confidential and will not be shared with anyone without the express written consent of the participant, and his/her parent/guardian in the case of a minor, and JHTR.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime? Yes No

If yes, what was the classification of the offense? Felony Misdemeanor

If yes, please explain: _____

I affirm that the information I have furnished on this application is true, complete, and accurate to the best of my knowledge. I authorize JHTR 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 a volunteer, and I expressly DO NOT authorize the PATH Intl. 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: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

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VOLUNTEER CODE OF CONDUCT

By signing this agreement, I, the volunteer or parent/legal guardian of the volunteer (if under 18 years old), agree to the following:

- I understand that the goal of volunteering is to engage and educate the public, and my attitudes and actions should always further that goal.
- I agree to work my entire volunteer shift or working shift as scheduled, to conduct myself in an appropriate manner, to dress in attire that follows the volunteer dress code, to follow safety procedures, and to be prepared for my shift.
- I understand that if I cannot make a volunteer shift (or any part of a shift), it is important to notify the Volunteer Coordinator ahead of time by calling the office at 307-733-1374.
- During my scheduled volunteer shift, I agree to follow directions given by staff, and understand that, while I am at the JHTR arena, my focus should be on the participant/horse/duties assigned to me.
- I understand that I am responsible for reviewing all materials given to me at orientation and trainings.
- I know that I represent JHTR, and I promise not to engage in any activity that may cause harm to the organization, others, or me.
- I understand that failing to observe the above pledges will result in further action and can result in my dismissal from the volunteer program or internship.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

JHTR COMMUNICABLE DISEASES POLICY

JHTR is committed to the health and safety of anyone coming to JHTR to participate in JHTR activities including its staff, participants, their families, and volunteers. JHTR reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy environment.

By signing this agreement, I, the volunteer or parent/legal guardian of the volunteer (if under 18 years old), agree to the following policies at JHTR:

- **Duty to Self-Monitor:** Volunteers agree to self-monitor for signs and symptoms of communicable diseases (including, but not limited to, SARS, COVID-19, etc.) and agree to contact JHTR if they experience symptoms of said diseases within 5 days after participating in any JHTR activity.
- **Exposure:** All volunteers will be asked to certify they have not been exposed to, tested positive for or are experiencing symptoms of the communicable diseases (including, but not limited to, SARS, COVID-19, etc.) and may be prohibited from participation until further notice.
- **Mask Policy:** Masks are optional for participants, guests, volunteers, and staff. If any participant requests that masks be worn for their protection, JHTR staff will make every effort to comply with their request.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I affirm that I am either the volunteer named in this application and am eighteen years of age or older, or that I am the parent or legal guardian of a volunteer under eighteen years of age and am authorized to provide this consent on their behalf. In the event that the volunteer is injured or becomes ill while participating in any Jackson Hole Therapeutic Riding (JHTR) activity and I am unavailable or unable to give or deny consent, I authorize JHTR, at its discretion, to seek, provide, and consent to any medical treatment deemed necessary or advisable, including but not limited to emergency medical services, transportation, and related care, and to notify the emergency contact listed on this application. I acknowledge that I have read and understand this authorization in full.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

In the event of an emergency, please contact:

Name: _____ Relation: _____ Phone Number: _____

Medical Information (Emergency Use Only)

Medical conditions or considerations that may require attention in an emergency (e.g. asthma, diabetes, seizure disorder, heart condition): _____

Allergies (including medications, foods, insects, latex): _____

Current medications: _____

Do you carry emergency medication (e.g. inhaler, EpiPen, insulin) and, if so, what is it and where can it be found? _____

JHTR & PATH INTL. PHOTOGRAPH AND FILM RELEASE

I DO

I DO NOT

consent to and authorize the use and reproduction by JHTR of any and all photographs and any other audio/visual materials taken of me (or the minor under my guardianship, if the volunteer named on this form is under 18 years old) for promotional material, social media, including but not limited to Facebook and Instagram, educational activities, exhibitions, or for any other use for the benefit of the program.

Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must sign.)

JHTR TRAINING ACKNOWLEDGMENT

In consideration of the opportunity to volunteer in Equine Assisted Activities and Therapies at Jackson Hole Therapeutic Riding (JHTR), I hereby agree to the following:

I acknowledge that I have watched the required training video(s) in their entirety, or that I participated in an in-person training. I understand the responsibilities laid out in the training and feel comfortable completing these tasks. I acknowledge that additional in-person training may be necessary throughout the season at staff discretion.

Volunteer Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(If volunteer is under 18 years old, the parent or legal guardian must also sign.)

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