



Office Use Only:
Application Date Received: _____
Volunteer Orientation Complete: _____
Introductory Training Complete: _____
Advanced Training Complete: _____
Background Check Complete: _____
<input type="checkbox"/>

Lutheranch Equestrian Volunteer Application 2020

Name: _____ Date of Birth: ____/____/____ Age: _____ Height ____' ____"

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

Cell Phone: _____ Business Phone: _____

Home Phone: _____ Email Address: _____

Preferred method of contact (circle one): e-mail text phone call social media messenger remind or group me app

School or Place of Employment: _____

School/Work phone/e-mail (if different than above): _____

Does your employer/school allow employees time/credit for volunteering? ____ Yes ____ No (Lutheranch can verify your hours)

Do you belong to an organization that would like to hear more about Lutheranch? ____ YES ____ NO

If yes, please provide contact information: _____

Are you: First Aid Certified? ____ Date: _____ CPR Certified? ____ Date: _____

Have you ever been convicted of a misdemeanor offense or arrested or convicted of a felony? ____ Yes ____ No

If yes, Please Explain: _____

Background Information Release

I, _____ authorize Lutheranch/NovusWay Ministries to receive information from any law enforcement agency 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 and 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.

Signature _____ Date _____

Signature of parent/guardian if under 18 _____ Date _____

APPLICANT GENERAL INFORMATION

Please share any previous experience working with horses: _____

Please share any previous experience working with people with developmental disabilities: _____

Why do you want to volunteer at Lutheranch? _____

Leading and sidewalking involve walking for up to 45 minutes, jogging for short periods of time (30-45 seconds) and occasional light lifting of saddles/tack. You need to be able to hold your arm up at shoulder level when sidewalking with some students. Please share any physical limitations you have that we should be aware of:

I am interested in being involved in the following way(s):

A. Therapeutic Riding Program

Horse leading Sidewalking Instructor Horse feeding/barn chores
 Summer camp General barn work/arena assistant

B. Horsemanship

Schooling horses on the ground Mounted schooling of horses Tack cleaning
 Tack fitting

C. Facility Projects and Maintenance

Fencing/pasture maintenance Construction/building maintenance Grounds maintenance (mowing, weeds etc.)
 Tractor/vehicle maintenance/repairs Electrical Painting

D. Special Events and Public Awareness

Special Events Public Outreach Photography Phoning Graphic Design

E. Office Administration

Data Entry Filing Copying & Collating Scheduling

F. Other (please specify):

LUTHERANCH VOLUNTEER RELEASE

LIABILITY RELEASE

WARNING Under Georgia Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equestrian activities resulting from the inherent risks of equine activities, pursuant to O.C.G.A. §4-12-3.

I, _____ (participant or parent/guardian of participant) hereby consent to the participation of _____ (participant name) in any and all of Lutheranch's Equestrian programs, including but not limited to recreational riding. I acknowledge the risks and potential for risks in riding and working with horses. However, I feel that the possible benefits to myself/my child/my ward and the clients I/he/she work with are greater than the risk assumed. Intending to be legally bound, for myself, my heirs and assigns, executors or administrators, I hereby assume all risks associated with the horses, horseback riding and the handling of animals and equipment. I waive and release forever all claims for damages of every kind and nature whatsoever against Lutheranch, NovusWay Ministries, its board of directors, staff, instructors, therapists, aides, volunteers, owners of horses leased to Lutheranch/NovusWay Ministries, and all representatives, successors, assigns and/or employees thereof for any and all injuries and or losses I/my child/ my ward may sustain while participating in Lutheranch's Equestrian Programs. Initial: _____

PHOTO/VIDEO RELEASE (CHECK ONE):

I consent to and authorize OR I do not consent to nor do I authorize

Lutheranch/NovusWay Ministries to use and reproduce any and all photographs and any other audiovisual materials taken of me/my child/my ward for promotional printed material, social media, educational activities, or for any other use for the benefit of the program. Initial: _____

POLICY OF CONFIDENTIALITY:

Confidentiality is defined as "told in secret or private relations; trusted." Any information in regards to the participants (clients) at Lutheranch is shared on a need to know basis and must be held in strict confidentiality. It is critical that we respect each individual. Confidentiality is considered one of the most basic responsibilities of our facility. In failure to abide by this policy, the quality of the services we provide may diminish and result in legal ramifications. I have read and understand this Policy of Confidentiality and agree to abide by same. Initial: _____

The undersigned acknowledges that he/she has read this Volunteer Application in its entirety; that he/she understands the terms of this release and has signed this release voluntarily and with full knowledge of the effects thereof.

SIGNATURE:

DATE _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18):

DATE _____