

Welcome to A.W.A.R.E. Therapeutic Riding Facility and Thank You!!

Volunteer Information Form

Name: _____ **Date:** _____

Nickname: _____

Date of Birth (must be at least 14 years of age) _____

Local Address: _____ **Apt. #** _____

City: _____ **State:** Texas **Zip Code:** _____

Cellular Telephone # _____ **Secondary Telephone #** _____

EMAIL ADDRESS: _____

****Emergency Contact** _____ **Emergency Contact #** _____

**** Parent/Guardian (if under 18 years old)** _____ **Telephone #** _____

Preferred Hospital _____

Describe any medical conditions requiring special precautions or treatment and any medications and dosages that the emergency room physician should be made aware of in case of an emergency:

Employer _____ **Occupation** _____

Would you also like to be on the substitute list? (If a volunteer calls in ill or has an exam, we call volunteers on the substitution list) ___ Yes ___ No

Days and Times you are typically available: _____

How did you hear about A.W.A.R.E.? (Please list friend's name if appropriate) _____

Do you have any special skills you would like to offer A.W.A.R.E. such as photography, web development skills, welding, etc. _____

If you are volunteering as a requirement for a class, etc. please complete the following:

Instructor/Supervisor: _____ **Course/Program:** _____

School: _____ **Hours Needed:** _____

In case of a medical emergency, the undersigned authorizes A.W.A.R.E., Inc. to provide such medical assistance as A.W.A.R.E. and the physician determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide any medical or surgical care and/or hospitalization, including anesthetic, they determine necessary or advisable, pending receipt of specific consent from the undersigned or the parent/guardian, if possible. I understand that NO LIABILITY can be accepted by any organization concerned with this instruction, in the event of any accident which may occur.

I consent: _____ **Date:** _____

Signature and or Signature of Parent or Guardian if Volunteer is under 18 years of age

TEXAS LAW AMENDED 2011

Texas Civil Practice and Remedies Code Sec. 87.003. **LIMITATION ON LIABILITY.** Except as provided by Section 87.004, any person, including a farm animal activity sponsor, farm animal professional, livestock producer, livestock show participant, or livestock show sponsor, is not liable for property damage or damages arising from the personal injury or death of a participant in a farm animal activity or livestock show if the property damage, injury, or death results from the dangers or conditions that are an inherent risk of a farm animal activity or the showing of an animal on a competitive basis in a livestock show.

I consent to participation _____ **Date:** _____
(Signature or Signature of Guardian if volunteer is under 18 years of age)

LIABILITY

The undersigned volunteer understands that he/she will be assisting with instruction riders with disabilities in horseback riding involving direct contact with horses – leading, grooming, tacking, etc., and that no liability can be accepted for accidents by any of the organization concerned, including A.W.A.R.E., Inc. and the volunteer does hereby forever release, acquit, discharge and hold harmless A.W.A.R.E., Inc. it's officers, trustees, agents, employees, horse owners, representatives, successors, or assigns because of any personal injuries.

I consent to participation _____ **Date:** _____
(Signature or Signature of Guardian if volunteer is under 18 years of age)

PHOTOGRAPHY/FILMS

The undersigned volunteers hereby grants to A.W.A.R.E., Inc. permission to take or have taken still and moving photographs and films including television pictures of volunteer, and consents and authorizes A.W.A.R.E., Inc., it's advertising agencies, news media, and any other persons interested in A.W.A.R.E., Inc. and it's work, to use and reproduce the photographs, films, and pictures and circulate and publicize the same by all means including, without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical materials.

I consent to participation _____ **Date:** _____
(Signature or Signature of Guardian if volunteer is under 18 years of age)

I do NOT consent: _____

CONFIDENTIALITY

The undersigned understands that all client information is **confidential**, and the undersigned will not discuss or make any written reports without prior approval from the A.W.A.R.E., Inc. personnel. Any ledgers, logs, reports, etc. will all be reviewed by the A.W.A.R.E., Inc. staff and the undersigned **WILL NOT** us clients' last names. If you are writing a report for a class please assign a fictitious name to the client.

I consent to participation _____ **Date:** _____
(Signature or Signature of Guardian if volunteer is under 18 years of age)

FOR OFFICE USE ONLY

COMMENTS, CALLS, ETC.

DATE OF CALL

RESULTS OF CALL

WHO PLACED CALL

