

Orientation Date \_\_\_\_\_  
Volunteer Training Date \_\_\_\_\_  
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Phone: 812-216-0282  
Email: martha@cloudofwitness.org  
Website: www.CloudofWitness.org

### Volunteer Application

All Cloud of Witness Ranch: Equine Assisted Services (CWR:EAS) Volunteers must be at least 14 years old.

Today's Date \_\_\_\_\_

#### Volunteer Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employer \_\_\_\_\_ School \_\_\_\_\_ Person in Charge \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  Other \_\_\_\_\_

\*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

#### Parents/Guardians Contact Information (Both Names are Required)

Father/Legal Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  Other \_\_\_\_\_

\*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

Mother/Legal Guardian: Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  Work Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  Other \_\_\_\_\_

\*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

#### Authorization for Emergency Medical Treatment to Volunteer

Physician Name \_\_\_\_\_ Preferred Medical Facility \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Ins. Phone # \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies to Medications: \_\_\_\_\_  
Emergency Contact Person:  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of CWR:EAS, I authorize CWR:EAS to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the medical team providing treatment.

#### **Consent Plan (If under 18: Both Parent/Guardian Signatures Required)**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure thought to be "life-saving" by the physician. This consent will only be used if CWR:EAS is unable to reach the emergency contact person.

Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)  
Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

#### **Non-Consent Plan (If under 18: Both Parent/Guardian Signatures Required)**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of CWR:EAS.

Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)  
Non-Consent Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

**Liability Release (If under 18: Both Parent/Guardian Signatures Required)**

I, \_\_\_\_\_ (Name) as a volunteer at Cloud of Witness Ranch: Equine Assisted Services, Inc. (CWR:EAS), acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages any against Cloud of Witness Ranch: Equine Assisted Services, Inc. Directors, Instructors, Therapists, Aides Volunteers, Riders, Property Owners and/or Employees for any and all injuries and/or losses I may sustain, while on the property or participating in the Program, from whatever cause including but not limited to the negligence of these released parties. The undersigned acknowledges that he/she has read the Registration and Release Form in its entirety; that he/she understands the terms of the release and has signed this release voluntarily and with full knowledge of the effect thereof.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

**Confidentiality and Non-Disclosure Agreement (If under 18: Both Parent/Guardian Signatures Required)**

Cloud of Witness Ranch: Equine Assisted Services, Inc.(CWR:EAS) and \_\_\_\_\_ (Name) wish to enter into this Confidentiality and Non- Disclosure Agreement. With the understanding that any information that said person is provided in relation to staff, client, and overall company business in regard to CWR:EAS is to remain in confidence.

All written and oral information and materials disclosed or provided by CWR:EAS. under this agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided.

In signing this Agreement said person understands that any information that is not kept in confidence may be directly or indirectly detrimental to CWR:EAS or any of its affiliates.

The obligation to ensure and protect the confidentiality of the Confidential Information imposed upon \_\_\_\_\_ (Name) in this Agreement, and any obligations to provide notice under this Agreement, will survive the expiration or termination as the care may be of this Agreement.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

**Photo and Media Release (If under 18: Both Parent/Guardian Signatures Required)**

I consent to and authorize the use and reproduction by CWR:EAS, Inc. of any and all photograph and any other audio-visual materials taken of me for promotional material, educational activities, website, or for any other use for the benefit of the program.

Consent       Non-Consent

**\*Please indicate preference**

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

**Background Check for Volunteering (If under 18: Both Parent/Guardian Signatures Required)**

Volunteer's Legal Name \_\_\_\_\_

Maiden Name or other names use \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby authorize Cloud of Witness Ranch: Equine Assisted Services, Inc. to conduct a limited criminal history check on me through any law enforcement agency. I understand this information will be kept in strict confidence. I understand that I may request a copy of this report and that this information is strictly for the purpose of considering my application as a volunteer.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Father and/or Legal Guardians)

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18: Mother and/or Legal Guardians)

**Availability**

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

**Do you or have you owned a horse?**

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**Please describe your experience with horses:**

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**Are you comfortable working around victims of trauma/abuse or people with special needs?**

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**Please describe any experience you have working around victims of trauma/abuse or people with special needs:**

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**Please describe any special skills, training, or talents you feel might be helpful to CWR:EAS:**

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**How Did You Learn About Cloud of Witness: Equine Assisted Services?**

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**What is your profession and where do you work?**

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**Any Other Questions, Comments or Concerns?**

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