
THE NATIONAL CENTER FOR EQUINE FACILITATED THERAPY

880 Runnymede Road, Woodside, CA 94062 Phone (650) 851-2271 ■ Fax (650) 851-3480

VOLUNTEER APPLICATION

Name: _____

Date of Birth: ___/___/___ Age: _____ Height: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Place of Employment/School: _____

My employer gives time off for volunteering

My employer matches cash donations

For Volunteers Under 18

Parent/Legal Guardian Name: _____

Phone: _____

Reason for Volunteering:

personal fulfillment

school requirement

court required community service

other _____

How did you hear about NCEFT?

Friend Relative

Newspaper/Magazine Flyer

Other _____

Which hours and days are you available and interested in volunteering?

Weekday Mornings

Monday

Weekday Afternoons

Tuesday

Weekday Evenings

Wednesday

Thursday

Friday

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Participant: _____ **DOB:** _____

Address: _____

Phone(s): _____

Email: _____

GENERAL AGREEMENT AND RELEASE OF LIABILITY

I, _____ (Participant or Legal Guardian if above named person is under the age of 18), hereby acknowledge that I have requested permission to participate in equestrian assisted activities on the premises of The National Center for Equine Facilitated Therapy (NCEFT). I agree to abide by all rules, written and implied, at NCEFT.

I am aware that equine related activities can be hazardous. I am voluntarily participating in these activities with the knowledge of the danger involved and hereby agree to accept any and all risks of injury or death.

In consideration for being permitted to use the facilities at NCEFT and/or participate in any NCEFT programs, I hereby agree that I, my heirs, my distributees, guardians, legal representatives and assignees will not make a claim against, sue, attach the property of or prosecute NCEFT, its directors, officers, members, employees, volunteers or assignees, for any claim I now have or may hereafter have for death, injury or property damage resulting from my use of the facilities at NCEFT or my participation in any NCEFT endorsed activities, whether caused by my acts of omission or negligence or anyone else's acts of omission or negligence. In addition, it is understood that any and all insurance that I have shall be primary.

To the fullest extent permitted by law, I shall defend, indemnify and hold harmless, NCEFT, its directors, officers, agents, volunteers, or employees for and against any and all claims, damages, losses, expenses and liabilities of any and every kind, including but not limited to attorney's fees, in any way arising out of or in connection with my activities under this agreement. This indemnity shall apply regardless of any active or passive negligent act or omission of NCEFT, its directors, officers, agents, volunteers and employees.

I have carefully read this agreement and release and fully understand its contents. I am aware that this is a release of liability, a waiver of legal rights and contract between me and NCEFT, and sign it of my own free will. I further acknowledge that there are no warranties, either express or implied, concerning the facilities, events or activities at NCEFT.

Signature of Rider/Volunteer, Participant or Legal Guardian

Please Print Name: _____ **Date:** _____

Emergency Contact Name: _____

Emergency Contact Number: _____

VOLUNTEER CONFIDENTIALITY STATEMENT

NCEFT is required by law to maintain medical information, including, but not limited to, the individual's diagnosis and treatment information, CONFIDENTIAL.

As a visitor and/or volunteer, you will not have access to personal health information of the individuals we serve. If any information is discussed with you by the treatment team, it will be for safety or treatment purposes only.

ALL client information is confidential. Discussions of an individual's care, personal issues, or medical conditions, with persons not involved with an individual's care in or outside of NCEFT, are not appropriate.

I have read and fully understand this Confidentiality Statement.

Signature of Volunteer or Legal Guardian

Date: _____

Witness: _____

VOLUNTEER MEDIA RELEASE FORM

As The National Center for Equine Facilitated Therapy (NCEFT) is a non-profit organization, many media outreach projects ensue each year. For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to NCEFT, permission to take or have taken, and consents and authorizes NCEFT, its advertising agencies, news media, and any other persons interested in NCEFT and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same, by all means, including without limiting the generality of the foregoing, newspapers, television media, brochures, pamphlets, video, CD, media, instructional material, books and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure our/my signature (s) to this release other than the intention of NCEFT to use of cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding NCEFT and it's work.

Signature of Volunteer or Legal Guardian

Date: _____

I understand that I have the right to decline that myself or my child participate in media and/or photographs at NCEFT. Please do not use my image in this way.

Signature of Volunteer or Legal Guardian

Date: _____

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VOLUNTEER EMERGENCY MEDICAL RELEASE

Name: _____ DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone(s): (Home) _____ (Work) _____ Cell: _____

Person to contact in case of emergency situation:

Name: _____ Relationship: _____

Phone(s): (Home) _____ (Work) _____ (Cell) _____

Medical Insurance Co.: _____ Policy No.: _____

Preferred Medical Facility: _____

Pertinent Medical History (incl. medications): _____

Allergies: _____

Physician's Name: _____ Phone: _____

Date of last Tetanus Shot: _____ Contact Lenses (circle): Yes or No

Release of a Volunteer (under age 18):

If emergency medical care is required for _____, who is a minor and if any permission is not available in a timely manner, then the undersigned parent/guardian authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I HAVE READ AND FULLY UNDERSTAND THIS VOLUNTEER EMERGENCY MEDICAL RELEASE, AS WELL AS ISSUES COVERED IN THE NCEFT VOLUNTEER HANDBOOK.

Signed: _____ Date: _____