

Reins of Hope—Volunteer Application

Reins of Hope
2116 N. Obee Rd
P.O. Box 57
Hutchinson, KS 67504-0057
620-665-0906
reinsofhopehutch@gmail.com

Name: _____
Address: _____ City: _____ Zip: _____
Phone: Home: _____ Work: _____ Cell: _____
E-mail: _____
Place of Employment: _____ Occupation: _____

How did you learn about Reins of Hope? _____
What skills and interests would you like to share? _____

When would you be available for volunteer service?
Day(s) of the week: _____ Times: _____

Please list two personal references (one must be non-family) who have known you for at least one year, including all information requested.

Name: _____
Address: _____ City: _____ Zip: _____
Phone: Home: _____ Work: _____
Relationship to you: _____ How long acquainted: _____

Name: _____
Address: _____ City: _____ Zip: _____
Phone: Home: _____ Work: _____
Relationship to you: _____ How long acquainted: _____

Have you ever been convicted of, plead guilty or *nolo contendere* (neither admitting nor denying the charge) to, or received a suspended imposition of sentence, been placed on diversion, or otherwise been found guilty of:

any criminal or municipal ordinance violation? Yes No

Is your driver's license currently suspended? Yes No

Have you had a DUI/DWI? Yes No

Have there ever been allegations, complaints, or reports regarding your involvement in child abuse or neglect (regardless of whether the incident was confirmed or denied)? Yes No

You have my permission to contact my employer. I understand that any omissions or misstatements I may have made on this application form may be cause for my application to be declined or volunteer placement to be terminated. I understand that all information, including driver's license, criminal background, child abuse/neglect records, and sex offender registry, will be verified. I consent to such verification and declare that all statements I have made on this application are true, correct, and complete to the best of my knowledge. I understand that Reins of Hope may accept or decline this application without providing me any reason for the decision.

Physician's Name: _____ Medical Facility: _____
Health Insurance Co.: _____ Policy Number: _____
Allergies to medications: _____
Current medications: _____

Emergency Contact(s):

Name: _____ Relation: _____ Phone: _____
Name: _____ Relation: _____ Phone: _____

Consent Plan (Please check one, sign, and date.)

Consent Plan: 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 the agency, I AUTHORIZE Reins of Hope Riding Program to

- 1) Secure and retain medical treatment and transportation if needed
- 2) Release client records upon request to authorized individual/agency for medical emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedures the physician deems "life saving." This provision will only be invoked if the person(s) above is not reached.

Consent Signature: _____ Date: _____
Client, Parent, Legal Guardian

Non-Consent Plan: 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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date: _____
Client, Parent, Legal Guardian

Photo Release (Be sure to check either you do or do not consent to photo release.)

I Do/ DO NOT consent to or authorize REINS OF HOPE to reproduce and use any and all photographs or any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program.

Consent Signature: _____ Date: _____
Client, Parent, Legal Guardian

Liability Release (Required for participation) SEE ATTACHED LANGUAGE REQUIRED BY LAW

Intending to be legally bound for myself, my heirs and assigns, executors, or administrators, I hereby waive and release forever all claims for damages against Reins of Hope, its board of directors, instructors, therapists, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in Reins of Hope activities.

Consent Signature: _____ Date: _____
Client, Parent, Legal Guardian

Signature of Applicant: _____ Date: _____

WARNING

Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal activity.

Inherent risks of domestic animal activities include, but shall not be limited to:

- (1) The propensity of a domestic animal to behave in ways i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on that may result in an injury, harm or death to persons on or around them;
- (2) The unpredictability of a domestic animal's reaction to such things as sounds, sudden movements and unfamiliar objects, persons or other animals;
- (3) Certain hazards such as surface and subsurface conditions;
- (4) Collisions with other domestic animals or objects; and
- (5) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability.