



# Volunteer Application

2023

## General Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_ EXT: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Underage Volunteer

*If you are under the age of 18 years old, your parent/guardian must complete the following:*

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

## Photo Release:

I consent to authorize the use and reproduction by Heaven's Gait Ranch, Inc. of any and all photographs and any other audio/visual/media materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Heaven's Gait Ranch, Inc.**  
**Therapeutic Riding Center**

**940 S. Main St.**  
**Cedar Grove, WI 53013**

**P: 920-400-0628**  
**E: [info@heavensgaitranch.org](mailto:info@heavensgaitranch.org)**



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## Volunteer Health History

Do you have health issues or limitations that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

Medications: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Allergies: \_\_\_\_\_

Describe your current health status, particularly regarding the physical/psychological/social/emotional demands of working in an equine-assisted program serving individuals with special needs and disabilities. Address fitness, cardiac, respiratory, bone or joint function, hospitalizations, surgeries, mental health concerns, or lifestyle changes:

\_\_\_\_\_

\_\_\_\_\_

**Do you have any underlying medical conditions that may increase the risk of severe illness from COVID-19? HGR reserves the right to accept or deny volunteers on site based on risk factors outlined by the Centers for Disease Control & Prevention (CDC):**

1. Are you 65 years or older?
2. Do you live in a nursing home or long-term care facility?
3. Do you have any of the following underlying medical conditions, particularly if not well-controlled, including:
  - a. Chronic lung disease
  - b. Moderate to severe asthma
  - c. Heart conditions
  - d. Diabetes
  - e. Chronic kidney disease undergoing dialysis
  - f. Liver disease
  - g. Conditions causing you to be immunocompromised
    - i. \*Note: Many conditions can cause a person to be immunocompromised, including
      1. cancer treatment
      2. smoking
      3. bone marrow or organ transplantation
      4. immune deficiencies
      5. poorly controlled HIV or AIDS
      6. prolonged use of corticosteroids
      7. Prolonged use of other immune weakening medications



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**Do you have any underlying medical conditions that may increase the risk of severe illness from COVID-19? HGR reserves the right to accept or deny volunteers on site based on risk factors outlined by the Centers for Disease Control & Prevention (CDC):**

- h. Severe Obesity
  - i. \*Note: Obesity is diagnosed when your body mass index (BMI) is 30 or higher.
    - 1. To determine your body mass index:
      - a. Divide your weight in pounds by your height in inches squared and multiply by 703.
    - 2. Do you have a body mass index (BMI) of 40 or higher?
      - a. BMI below 18.5 = underweight
      - b. BMI between 18.5-24.9 = Normal
      - c. BMI between 25.0-29.9 = Overweight
      - d. BMI 30.0 and above = Obese

## Volunteer Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize a representative of Heaven's Gait Ranch, Inc. to secure and retain medical treatment and transportation if needed. In the event of an emergency, please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy #: \_\_\_\_\_



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## Volunteer Liability Release

As a volunteer of Heaven's Gait Ranch, Inc.: I acknowledge the risk and potential for risks of equine-assisted activities and therapies. However, I feel that the possible benefits of myself 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 or administrators, waive and release forever all claims for damage against Heaven's Gait Ranch, Inc., its Board of Directors, instructors, therapists, volunteers, participants, and/or employees for any and all injuries and/or losses I may sustain while participating in the programs of Heaven's Gait Ranch, Inc. I understand that all information (written, observed, and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center without written consent from center management.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(if volunteer is under 18 years old)*

### Consent Plan

In the case of illness or injury during the process of volunteering or while on the property of the agency, this authorization includes x-rays, surgery, hospitalization, medication and/or any treatment procedure deemed "life saving" by the physician.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer, Parent or Guardian [if volunteer is under 18 years old])*

-- OR

### 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 volunteering or while on the property of the agency. In the event that emergency treatment/aid is required, I wish the following procedure to take place (please describe below):

\_\_\_\_\_

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Volunteer, Parent or Guardian [if volunteer is under 18 years old])*



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## Volunteer Background Information

Have you ever been charged with or convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

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I, \_\_\_\_\_ (*volunteer name*), authorize Heaven's Gait Ranch, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, 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 or federal criminal laws, including but not limited to convictions for crimes committed upon animals or children.

I understand that such access is for the purpose of considering my application as a volunteer, and I expressly DO NOT authorize the PATH Intl. Center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

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Do you have a current driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License Number: \_\_\_\_\_ State \_\_\_\_\_

## Confidentiality Agreement:

I understand that all information (written, observed, and/or verbal) about participants at Heaven's Gait Ranch, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## Volunteer Opportunities & Areas of Interest

Please check all areas of interest so we can best match your interests with the program's needs.

Programs	Special Events	Administration	Maintenance
<input type="checkbox"/> Horse Handling	<input type="checkbox"/> Special Event Planning Committees	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Grooming & Tacking before lessons	<input type="checkbox"/> Seek Donations for Events	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Stable Management
<input type="checkbox"/> Side walking in lessons	<input type="checkbox"/> Horse Shows & Rider Events	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Sensory Garden
<input type="checkbox"/> Lead walking in lessons	<input type="checkbox"/> Benefit Golf Outings	<input type="checkbox"/> Volunteer Recruitment	<input type="checkbox"/> Hay
<input type="checkbox"/> Other (List):	<input type="checkbox"/> Parades	<input type="checkbox"/> Photography	<input type="checkbox"/> Carpentry
	<input type="checkbox"/> 5k Events	<input type="checkbox"/> Video	<input type="checkbox"/> Facility Repairs
	<input type="checkbox"/> Coordinating Social Events for Volunteers	<input type="checkbox"/> Budget & Finance	<input type="checkbox"/> Other (List):
	<input type="checkbox"/> Cooking/Baking for Events	<input type="checkbox"/> Future Planning	
	<input type="checkbox"/> Other (List):	<input type="checkbox"/> Other (List):	



Volunteer Availability

Please circle/highlight the available days and times you would prefer to volunteer. Lessons are Monday - Thursday.

Table with 10 columns (Day, 10:00am, 11:00am, 12:00pm, 1:00pm, 2:30pm, 3:30pm, 4:30pm, 5:30pm, 6:30 pm) and 4 rows (Mon, Tues, Wed, Thurs).

\*Substitute Class Volunteer

Sometimes volunteers are unable to make it to Heaven's Gait Ranch because of an unusual conflict in their typical schedule. In the event that our volunteers short handed, and your schedule allows some flexibility, please put an asterisk\* next to the day and time you would be willing to fill in for somebody.

Volunteer Code of Ethics

As a volunteer I will: 1. Respect my fellow volunteers, riders, horses, staff members, and guests at Heaven's Gait Ranch 2. Listen and follow the directions of the instructor and staff at all times 3. Keep safety for myself and others in mind at all times 4. Respect the decisions of staff and instructors to support the success of the program 5. Learn and stay well informed of policies and procedures 6. Actively participate in offered volunteer training 7. Use appropriate and positive language at Heaven's Gait Ranch 8. Focus on the mission and needs of Heaven's Gait Ranch 9. Always strive to be a more effective volunteer 10. Report any occurrences or concerns to the instructor immediately.

Dress Code: Volunteers will dress appropriately for equine-assisted activities and therapeutic programs at HGR. Inappropriate attire includes: midriff tops, halter tops, spaghetti strap tank tops, and shirts with potentially offensive words, pictures, or logos. Shoes must be both closed-toed and closed-heeled at all times. Boots are most appropriate; this means no flip-flops, sandals, clogs, or high heels.

Confidentiality: Names, specific conditions or other personal details are to be held in strict confidence. All records, profiles, and any other information provided by riders, staff, guardians, caregivers, case managers, and volunteers will remain sole and private property of Heaven's Gait Ranch, Inc..

As a volunteer at Heaven's Gait Ranch, I agree to adhere to and be responsible for maintaining the above code of ethics and understand my responsibilities as a volunteer.

Signature of Volunteer: \_\_\_\_\_ Date \_\_\_\_\_