



Hero Hearts EquiCenter, Inc.

Volunteer Information Packet



Hero Hearts EquiCenter, Inc.

# Volunteer Application 2009

## PLEASE PRINT OR TYPE YOUR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

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

## VOLUNTEER JOBS:

### **JOB**

### **MY INTEREST**

Please check all that apply

Horse Handler \_\_\_\_\_

Side Walker \_\_\_\_\_

Barn Duties \_\_\_\_\_

Stall Cleaning \_\_\_\_\_

Horse Training Team \_\_\_\_\_

Volunteer Training Team \_\_\_\_\_

Photo/Video Taping \_\_\_\_\_

Mailings/Newsletter \_\_\_\_\_

Office/Phones \_\_\_\_\_

Special Events \_\_\_\_\_

Arts and Crafts \_\_\_\_\_

Yard Caretaker \_\_\_\_\_

## Skills and Interest

1. Previous volunteer/skills experience \_\_\_\_\_

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2. Hobbies and interests \_\_\_\_\_

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3. Educational background \_\_\_\_\_

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4. Current Occupation \_\_\_\_\_

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5. Equine Background \_\_\_\_\_

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6. Specialized Experience

\_\_\_\_\_ Horse Care      \_\_\_\_\_ Special Needs      \_\_\_\_\_ Computer Skills

\_\_\_\_\_ Sign Language

\_\_\_\_\_ Foreign Language: List language(s): \_\_\_\_\_

Other \_\_\_\_\_

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7. Do you have experience working with a particular disability? If yes, please describe:

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When are you available to volunteer? \_\_\_\_\_Monday \_\_\_\_\_Saturday

Volunteers need to show up at 8:30 a.m. to prepare for sessions. Sessions should end at approximately 12:30 p.m., and a half hour cleanup time is required. Volunteers can depart after 1:00 p.m.

Other times you would be available

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We would like to have a volunteer call list available for all volunteers. This will help us to find another volunteer to fill your scheduled time if you are not available. You may also call other volunteers and arrange with them to cover your scheduled time if you are not available. The effectiveness of our program and weekly sessions are dependent upon our valuable volunteers. Therefore, we depend on you to be here at your scheduled time.

May we include your \_\_\_\_\_home phone \_\_\_\_\_work phone \_\_\_\_\_cell phone \_\_\_\_\_e-mail in the volunteer listing? (Please initial your choices)

ADDITIONAL  
INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OFFICIAL USE ONLY – Continue to Page 6**

Interview by: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assigned Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

Training completion dates:

Orientation Date: \_\_\_\_\_

Side Walker Date: \_\_\_\_\_

Horse Handler Date: \_\_\_\_\_

Training updates: Describe type of training and date(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer information updates:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY & EMERGENCY TREATMENT**  
**RELEASE INFORMATION**

**PLEASE PRINT**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

**MEDICAL INFORMATION:**

Physician: \_\_\_\_\_ Phone number \_\_\_\_\_

Address: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Company or Agent phone #: \_\_\_\_\_

**IN CASE OF EMERGENCY (Please provide two contacts):**

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Additional Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**HOSPITAL PREFERENCE:**

You will be taken to SIERRA VISTA HEALTH CENTER HOSPITAL unless you designate a preference below:

I PREFER TO BE TAKEN TO: \_\_\_\_\_ HOSPITAL.  
*In case of emergency, I give Hero Hearts EquiCenter, Inc., permission to secure medical treatment including x-ray, surgery, hospitalization and medication. \_\_\_\_\_ (initial)*

**MEDICAL HISTORY CONT'D**

Medications:

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Allergies: (medications, insect bites etc.):

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Pertinent Medical Conditions:

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Useful Medical History:

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*I deem the above information to be true and correct.*

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

**IF MINOR, Signature of Parent/Guardian:** \_\_\_\_\_

**HERO HEARTS EQUICENTER, INC. CONFIDENTIALY POLICY**

**DISCLOSURE OF MEDICAL AND/OR SENSITIVE INFORMATION**

**General Principles:** Hero Hearts EquiCenter, Inc. shall preserve the right of confidentiality for all individuals who participate in its program.

**Procedure:** All medical, social, referral, personal, and financial information regarding a person and his/her family shall be kept confidential.

Anyone who works or volunteers for, or provides services to Hero Heart EquiCenter, Inc., shall be bound by this policy. This policy includes but is not limited to full and part-time staff, volunteers, independent contractors, temporary employees and board members.

Disclosure of information to outside agencies or individuals shall be done only with the specific written consent of the student. If a student is under the age of eighteen (18) and/or not competent to give consent for disclosure, then a parent or legal representative must give informed consent. Intra-agency disclosure of medical and/or sensitive information shall be on an as needed basis only.

The Program Director and Director of Volunteer Services shall ensure that all staff, volunteers, and board members receive a copy of the confidentiality policy. All Staff, volunteers and board members shall sign the confidentiality statement below that pledges to protect the confidentiality of all information regarding individuals who participate in the Hero Hearts program.

**Penalties:** Violations of this policy which result in a breach of confidentiality may result in reprimand, loss of certain job responsibilities or termination. The Program Director shall be responsible for reviewing any violation of this policy.

**CONFIDENTIALITY STATEMENT**

I have read and understand the above policy of confidentiality for Hero Hearts EquiCenter, Inc.. A copy of this policy has been made available to me. I agree to observe and follow all of the procedures contained therein.

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

IF MINOR, Signature of Parent/Guardian \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_