



ALL STAR EQUESTRIAN FOUNDATION, INC.
P. O. BOX 892 MANSFIELD, TEXAS 76063
FAX: 817-473-9175
Website: allstarfoundation.org

VOLUNTEER APPLICATION FORM

General Information:

NAME _____ Date of Birth ___/___/___ Age _____

Address _____ City _____ State _____ Zip _____

Hm Phone _____ Cell Phone _____ Wk Phone _____

Work Place _____ Email _____

PARENT OR GUARDIAN (if under 18 years of age) _____

Work Place _____ Wk Phone _____

Do you have any special talents that you would like to share? (i.e., sign language, carpentry skills, artistic, fundraising)? _____

Have you had any experience working with people who have a disability? _____

Have you had any experience with horses? _____

How did you hear about our program? _____

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Address fitness, cardiac health, bone or joint function, recent hospitalization/surgeries, or lifestyle changes.

Would any of the above prevent you from working a full hour or more in the arena? _____

If Yes, please explain _____

Last Tetanus Shot _____ Any allergies? _____

I certify that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this center's program.

Signature _____ Date _____

Volunteer (or Parent/Guardian if under 18 years of age)

Circle which areas you are interested in:

<u>Program</u>	<u>Special Events</u>	<u>Administration</u>	
Horse Handling	Horse Show	Public Relations	Photography
Sidewalking w/rider	Fundraising	Grant Writing	Budget/Finance
Stable management	Special Olympics	Newsletter	Future Planning
Facility Repairs	Trail Rides	Volunteer Recruitment	



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

(TO BE COMPLETED ANNUALLY)

Name _____ Date of Birth ____/____/____ Age _____

Parent or Legal Guardian (if under 18 years of age) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email address (please print) _____

Medical Diagnosis or Special Concerns _____

Physician _____ Phone _____ Hospital _____

Health Insurance Provider _____ Policy # _____

Allergies to Medications: _____

Current medications _____

Medical condition requiring special precautions _____

IN THE EVENT OF AN EMERGENCY, CONTACT

Name _____ Relation _____ Phone _____

Name _____ Relations _____ Phone _____

CONSENT PLAN

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of this agency in any type capacity, I authorize ALL STAR EQUESTRIAN FOUNDATION, INC. to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized individual or agency involved in the medical emergency treatment. This authorization includes but is not limited to: x-ray, surgery, hospitalization, medication and/or any treatment procedure deemed "life saving" by the physician or attending medical personnel. This provision will only be invoked if the person or persons named above are unable to respond or if the parent or legal guardian named above is unable to be reached.

Signature _____ Date _____

Rider/Volunteer (or Parent/Guardian if under 18 years of age)

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 this agency.

1. Parent, legal guardian, or person authorized to make medical decisions for me will remain on site at all times during equine assisted or related activities.
2. In the event of emergency treatment/aid is required; I wish the following procedure to take place:

Signature _____ Date _____

Rider/Volunteer (or Parent/Guardian if under 18 years of age)

REVISED 10-2017

PHOTO RELEASE (TO BE COMPLETED ANNUALLY)

PHOTO CONSENT

I hereby grant ALL STAR EQUESTRIAN FOUNDATION, INC (hereinafter referred to as ALL STAR) or C. A. MOORE PROPERTIES, INC. to take or have taken still and/or moving photographs and films including television pictures of (rider/volunteer) _____ and consent and authorize ALL STAR to use and reproduce the photographs, films and pictures, and to circulate and publicize the same, by all means including, but not limited to, newspapers, television media, brochures, pamphlets, 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 signatures to this release other than the intention of ALL STAR to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding ALL STAR and its work.

Signature _____ Date _____
Volunteer (or Parent/Guardian if under 18 years of age)

PHOTO NON CONSENT

I do NOT give my consent to ALL STAR EQUESTRIAN FOUNDATION, INC. or C. A. MOORE PROPERTIES, INC. to take or have taken still and/or moving photographs and films including television pictures.

Signature _____ Date _____
Volunteer (or Parent/Guardian if under 18 years of age)



LIABILITY RELEASE

I, the undersigned adult rider/volunteer (18 years of age or older), or parent/legal guardian of _____, (a minor), would like to participate at ALL STAR EQUESTRIAN FOUNDATION, INC (hereinafter referred to as ALL STAR). I acknowledge the risks and potential for risks of horseback riding and/or working around horses. I understand that I/my son/daughter/ward, will be working with and around horses, as well as, riding horses at ALL STAR; however, I feel that the possible benefits to myself, my son/daughter/ward are greater than the risk assumed. I, the undersigned adult, or parent/legal guardian, hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waiver and forever release, acquit, discharge, and hold harmless all claims for damages, assigns of personal injuries and/or personal damages known or unknown, or in any way growing out of any activities assigned or related against ALL STAR EQUESTRIAN FOUNDATION, INC or C. A. MOORE PROPERTIES, INC, its board of directors, trustees, agents, instructors, employees, representatives, successors, assigns, volunteers, owners of the property on which ALL STAR operates, for any and all manner of claims, demands, and damages of every kind or nature whatsoever, which rider/volunteer may now, or in the future, have against ALL STAR.

Under the Texas Law (Chapter 87, Civil Practice and Remedies Code), a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.

Signature _____ Date _____
Volunteer (or Parent/Guardian if under 18 years of age)



CONFIDENTIALITY POLICY

It is agreed and mutually understood that riders/volunteers and their families have a right to privacy that gives them control over the dissemination of their medical or personal information. ALL STAR shall preserve the right of confidentiality for all individuals in its program. The staff, employees, volunteers and/or board members shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. Information (written or verbal) will not be shared with anyone without the express written consent of the rider/volunteer and/or their parent or legal guardian.

Signature _____ Date _____
Volunteer (or Parent/Guardian if under 18 years of age)

ALL STAR EQUESTRIAN FOUNDATION

Mailing: P. O. Box 892 – Mansfield, Texas 76063

Physical: 6700 FM 2738 – Burleson, Texas 76028

817-477-1437 office/817-473-9175 fax

Vcoordinator@allstarequestrian.org or allstarfoundation.org

Volunteer Rules & Regulations

I understand and agree to abide by the following rules and regulations:

Safety Requirements

New Volunteers are to attend the first Volunteer Orientation offered after they begin. Although they may have been volunteering for a few weeks prior, this Orientation will be a valuable resource in their training. Existing volunteers should attend a refresher horse handling III class once a year to stay current with our safety policies.

Rules and Regulations

(1) Volunteers are required to sign a variety of forms, including but not limited to a photo release, liability release, emergency medical form, and attending physician form annually. **In addition, consent is given to run a background check with the Texas Department of Public Safety. All forms must be completed/updated annually and signed prior to any participation at ASEF activities.**

(3) Under the *Texas Law (Chapter 87, Civil Practice and Remedies Code)*, *a farm animal professional is not liable for an injury to or the death of a participant in farm animal activities resulting from the inherent risks of farm animal activities.*

(4) Off-limit areas are posted for riders and families. For the safety of everyone, ASEF staff and volunteers will support this guideline.

(5) **Personal pets are not allowed on property**, with the exception of service dogs.

(6) Any volunteer mounted on a horse on ASEF premises is required to wear an ASTM-SEI approved riding helmet during all equine scheduled activity hours. Therapeutic riders are also required to wear same helmet anytime they are in the arena or doing groundwork with horses. Approved helmets are available at ASEF for rider and volunteer's use. Volunteers with their own personal helmets are requested to get new helmets after their helmet is 5 years old.

(7) Photo releases are required paperwork and we ask that permission is requested before photos are taken of riders, parents, instructors, volunteers and/or staff.

(8) Volunteers should dress appropriately for horse related activities. This includes but is not limited to comfortable, **closed toe safe shoes**, weather appropriate attire, sunscreen if applicable, etc.

(9) Out of respect for others, and during scheduled activities, riders, staff and volunteers will not be permitted to bring alcohol onto ASEF premises.

(10) Out of respect for others, no one will be permitted to bring drugs of any kind onto ASEF premises.

(11) Riders, staff or volunteers are requested not to wear revealing clothing or any clothing advertising alcohol, drugs, gang colors, sexual content, or other in appropriate subject matter.

(12) **NO SMOKING ON THE PREMISES** except in designated area in front of office (includes vapor smoking)

(13) For the safety and respect of others, **NO weapons** of any kind are permitted within the working area of scheduled activities.

(14) ASEF is private property. For admittance outside of operating hours, prior authorization is needed. Contact Cynthia in the office.

(15) Violation of any of these rules may result in immediate termination from the program.

I have read and understand what is written and agree to rules and regulations set forth by ASEF. I understand and I am aware of the Texas Farm Animal Liability Act (item 3 above).

Printed Name of Volunteer:

Date:

Signature of Volunteer (or parent/guardian if rider is under age 18)



DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:		
Check and Initial each Applicable Space		
CCH Report Printed:		
YES _____	NO _____	_____ initial
Purpose of CCH: _____		
Hire _____	Not Hired _____	_____ initial
Date Printed: _____		_____ initial
Destroyed Date: _____		_____ initial
Retain in your files		