



HAVEN'S HORSES
A MINISTRY OF CHRIST'S HAVEN FOR CHILDREN

Volunteer Application

*Mail or Fax Application to: Haven's Horses
P.O. Box 467; Keller, TX 76244
Fax: 817-337-1328
Barn: 817-741-7614*

Name: _____ Date _____

Address: _____

City: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Email: _____ Date of Birth: _____

Parent/Guardian _____ Phone _____
(If under 18)

Employer/School: _____

Occupation: _____

Areas of interest: (check all that apply)

Horse Prep _____ Sidewalking _____ Horse Leader _____ Tack Cleaning _____
Fund Raising _____ Special Events _____ Other _____

Experience working with horses: little/none _____ some _____ considerable _____

Please describe briefly:

Experience with people with disabilities: little/none _____ some _____ considerable _____

Please describe briefly:

Please indicate your availability. (Check all that apply)

	8:00 – 10:00a.m.	10:00 – 12:00	12:00 – 2:00p.m.	2:00 – 4:00	4:00 -6:00	5:00 – 7:00
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Emergency Contact Information: Name/relationship _____

Phone: Cell _____ Work _____ Home: _____

HAVEN'S HORSES RULES & REGULATIONS

While providing our students, volunteers, staff and families with services, safety is a top priority. These rules and regulations are stated to help insure safety, and we ask your assistance in making sure that everyone follows them.

1. A parent or designated adult must be on the premises at all times during the time a student is on Haven's Horses property participating in Therapy classes only.
2. Students/Guardians/Parents will be required to sign a variety of forms, including but not limited to a photo release, liability release, emergency medical form, and attending physician forms. Forms must be signed **prior** to any participation in Haven's Horses activities.
3. As of September, 1995, Texas enacted the following Law:
Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.
4. Only staff, volunteers and students with supervision will be allowed beyond designated visitor areas. Off limit areas include, but are not limited to, barn hallway, the horse tacking area, mounting ramp, horses stalls, tack room, arena, and pasture. For the safety of everyone, Haven's Horses staff and volunteers will strictly enforce this rule.
5. Permission must be obtained from the student, parent, instructor and volunteers before photos are taken or videos taped.
6. Unsupervised children are not allowed at Haven's Horses. Siblings of students must be supervised at all times while on Christ's Haven for Children's premises. Siblings will NOT be allowed in "authorized personnel only" areas including stalls unless supervised by an instructor.
7. Personal pets are not allowed on property, with the exception of service dogs.
8. If absence is unavoidable, Parent or Guardian will call Haven's Horses to notify of cancellation as soon as possible so that we may notify instructor and volunteers prior to the scheduled class time.
9. Students should be punctual for classes. This will allow everyone the opportunity to ride for his/her allotted time. Classes will end punctually. Students that arrive 15 minutes after their scheduled class time starts will not be allowed to ride and will still be responsible for payment of the class, with the exception of Physical & Occupational Therapy riders.
10. All students are required to wear an ASTM-SEI approved riding helmet during all equine activities.
11. Students should dress appropriately for horse related activities. This includes but is not limited to comfortable, **closed toe, safe shoes**, weather appropriate attire, sunscreen, modest dress: long pants for riding, sleeveless shirts must measure 3 fingers at shoulders, no midribs showing, etc.
12. Due to state regulations of Christ's Haven for Children, no children are allowed to play on playground equipment.
13. Hippotherapy and Therapeutic riding sessions may include occasional ground lessons targeting specific goals and objectives.
14. Haven's Horses will cancel classes in the event of a national weather service warning for Tarrant County, or in the event that the instructor determines that the class cannot be conducted safely. Please call in advance to see if classes are cancelled prior to driving in unsafe weather conditions.
15. THE UNAUTHORIZED CONSUMPTION OF ALCOHOLIC BEVERAGES ON THE PREMISES IS STRICTLY PROHIBITED.
16. NO SMOKING ON THE PREMISES.
17. No weapons of any kind are permitted on the premises.

I have read and understand what is written and agree to follow the rules and regulations set forth by Haven's Horses at Christ's Haven for Children. I understand and am aware of the Texas Equine Liability Act.

Signature of * rider, parent or guardian _____ Date _____

Printed name of *rider, parent or guardian _____ Date _____

***If the student is under the age of eighteen (18), a parent or guardian must sign.**

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FOR PARTICIPANTS

Participants Name: _____

Please Print

In case of Emergency, contact: _____ Phone(s): _____

Physician's Name: _____

City: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Please indicate any allergies: _____

Please indicate any medical issues that may effect your child's participation at Haven's Horses. _____

Date of last Tetanus shot: _____

CONSENT PLAN I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, any participation on my part at Haven's Horses, or while being on the property of Christ's Haven for Children, I authorize Haven's Horses at Christ's Haven for Children to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Participant Consent Signature _____ Date: _____

Signature of Parent/Guardian _____
(If participant is under 18 years of age, both signatures are required)

PHOTO RELEASE:

_____ I **consent** to and authorize _____ I **do not** consent to nor do I authorize the use and reproduction by Haven's Horses & Christ's Haven for Children of any and all photographs and any other audiovisual materials taken of me or my child for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

POLICY OF CONFIDENTIALITY:

I agree to respect and observe privacy and confidentiality of the participants, volunteers and donors of Haven's Horses Therapeutic Program and not discuss or disclose any sensitive information about any person or their family.

Participant Signature: _____ Date _____

Signature of Parent Guardian _____
(If volunteer/participant is under 18 years of age, both signatures are required)

ADULT LIABILITY RELEASE

(For persons 18 Years and Older ONLY)

I, _____, acknowledge the risks and potential for risks of horseback riding and working with horses, including but not limited to: falling or being thrown from a horse; being kicked, stepped on or bitten by a horse; hitting overhead objects; and/or injuries sustained while mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. However, I feel that the possible benefits to be offered at Christ's Haven for Children and Haven's Horses are greater than the risks assumed.

I hereby, intending to be legally bound for myself, my heirs, assigns, executors and administrators, waive and release forever all claims for damages against Christ's Haven for Children and Haven's Horses, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") from any and all claims, demands and causes of action of any and every kind or nature including any and all injuries and/or losses I may sustain while participating in activities at or sponsored by Christ's Haven for Children and Haven's Horses or while on Christ's Haven for Children and Haven's Horses property, from whatever cause, including but not limited to the negligence of The Released Parties.

As of September, 1995, Texas enacted the following Law: *Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

I certify that I am 18 years of age or older and am fully competent to enter into this release. I have read this Release in its entirety. I understand the terms of this Release and have signed this Release voluntarily and with full knowledge of the effects thereof. This form is legally binding when you sign below regardless of whether the form is notarized. The presence of a notary seal is not required for this agreement to be legally binding.

Participant Signature: _____ Date _____

Participant Name: _____

Please Print

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

Signature of notary officer: _____ (stamp or seal below)

County of _____, TX

RELEASE FOR A MINOR OR WARD

(For Persons Under 18 Years of Age or for Adults Who Have a Legal Guardian)

That I, _____, the undersigned, a parent/legal guardian of _____, for and in sole consideration of the privilege of permitting said person to participate in activities at or sponsored by Christ's Haven for Children and Haven's Horses and recognizing that horse riding activities involve certain inherent dangers and risks to persons and property, do hereby agree to assume for myself and on behalf of my ward or child, the risks and dangers attendant to such activity, including but not limited to: falling or being thrown from a horse, being kicked, stepped on or bitten by a horse or other animal, and/or injuries sustained while riding, mounting or dismounting a horse. I further acknowledge the risks and potential for risks associated with recreational and outdoor activities, including but not limited to: snake, animal or insect bites; uneven ground; sun, cold and wind exposure; cuts and scrapes; sore or pulled muscles; broken, dislocated or fractured bones; nerve damage; internal injuries; head injuries; grievous bodily injury and death. I am aware of these and other risks associated with horse riding activities, however, I feel that the possible benefits to be offered by Christ's Haven for Children and Haven's Horses are greater than the risks assumed.

I hereby, intending to be legally bound for myself and my child/ward, heirs, assigns, executors and administrators, waive and release forever all claims for damages against Christ's Haven for Children and Haven's Horses, its directors, officers, landlord, agents, employees, clients, independent contractors and volunteers (collectively, "The Released Parties") including any and all injuries and/or losses I or my child/ward may sustain while participating in activities at Christ's Haven for Children and Haven's Horses or while on Christ's Haven for Children and Haven's Horses property, from whatever cause, including but not limited to the sole or contributory negligence of all or any of The Released Parties.

I DO HEREBY FURTHER AGREE TO INDEMNIFY, DEFEND AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL CLAIMS, LOSSES, DAMAGES, CAUSES OF ACTION, ATTORNEY'S FEES AND EXPENSE OF LITIGATION FOR DEATH OR INJURY TO ANY PERSON OR FOR LOSS OF OR DAMAGE TO ANY PROPERTY ARISING OUT OF OR IN CONNECTION WITH MY CHILD/WARD'S PARTICIPATION IN ACTIVITIES AT OR SPONSORED BY CHRIST'S HAVEN FOR CHILDREN AND HAVEN'S HORSES. **IT IS MY EXPRESS INTENTION THAT THE INDEMNITY PROVIDED FOR IN THIS PARAGRAPH IS AGREED TO BY THE UNDERSIGNED IN ORDER TO FULLY INDEMNIFY AND PROTECT CHRIST'S HAVEN FOR CHILDREN AND HAVENS HORSES FROM THE CONSEQUENCES OF THE RELEASED PARTIES' OWN NEGLIGENCE, WHETHER THAT NEGLIGENCE IS THE SOLE OR CONTRIBUTING CAUSE OF INJURY, DEATH OR DAMAGE.**

As of September, 1995, Texas enacted the following Law: Texas Law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for the injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

I, the undersigned, have read this waiver of liability, release, indemnification and hold harmless agreement and understand its terms. I execute it voluntarily and with full knowledge of its significance. This form is legally binding when you sign below regardless of whether the form is notarized. The presence of a notary seal is not required for this agreement to be legally binding.

Guardian/Parent Signature: _____ Date _____

Guardian/ Parent Name: _____
Please Print

Subscribed and sworn to (or affirmed) before me this _____ day of _____, _____.

Signature of notary officer: _____ (stamp or seal below)

County of _____, TX

HAVEN'S HORSES VOLUNTEER/PARTICIPANT BACKGROUND CHECK

I hereby authorize Christ's Haven for Children, Inc./Haven's Horses to conduct all background searches on me, and I hereby agree to sign all forms that may be required for Christ's Haven for Children/Haven's Horses to conduct such searches.

All participants (riders and volunteers) the age of 14 and older are required to provide background check information in order to be on the campus of Christ's Haven for Children.

Printed Signature: _____ Date: _____

Signature: _____

Please fill out the following form:

Dept of Family
and Protective Services

REQUEST FOR CRIMINAL HISTORY AND CENTRAL REGISTRY CHECK

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Complete the following for each person requiring a Criminal History/Central Registry Check and return this form to the Licensing Office. Additional forms may be obtained from the Licensing office.

<input type="checkbox"/> Initial <input type="checkbox"/> 24 Month Check		<input type="checkbox"/> FBI Check Required	
Social Security Number		ID Type - Drivers License or ID Number - State	
First Name	Middle Name	Last Name	
Street Address	City	State	Zip
County	Telephone No. (A/C)	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
You must list all other cities in Texas where there has been residency. If you lived outside of Texas in the previous 5 years you must also list previous address(es) outside of Texas, including the county:		Relationship of person to requestor	
		<input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Caregiver <input type="checkbox"/> Director <input type="checkbox"/> Staff <input type="checkbox"/> Foster parent <input type="checkbox"/> Household Member <input type="checkbox"/> Other Staff <input type="checkbox"/> Licensed Administrator <input type="checkbox"/> Volunteer <input type="checkbox"/> Other	
Date Hired /Used by the Operation/Agency	Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	Race: <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	
Other names used (married, maiden, etc.) First Name	Middle Name	Last Name	