



Northern Virginia Therapeutic Riding Program, Inc.  
6429 Clifton Rd. • Clifton, VA 20124 • 703.764.0269  
www.NVTRP.org

## **2020 Volunteer Paperwork**

Welcome!! Thank you for your interest in volunteering. Your gift of time is essential to the success of our program.

### **Background Check Policy**

All volunteers 18 years of age and older must complete a background check through NVTRP. Link to background check will be provided at the Intro Training.

### **Start Up Fee**

A small, one-time fee of \$25.00 is due at or before your Intro Training. This helps to cover our administrative costs, training, background checks, and name tag. Please contact Shelby Morrison with questions – smorrison@nvtrp.org.

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

Volunteers help in a variety of ways from the care of our horses to working with our riders and helping in the office. Please circle any area you are interested in:

Horse Leading	Annual Horse Show	Public Relations
Sidewalking with a rider	Polo Classic	Photography
Horse Care	Community Outreach	Fundraising
Facility Maintenance	Volunteer Recruitment	Date Entry

**As a volunteer (please initial):**

**I have read and understand the policies and procedures outlined in the Volunteer Training Manual** \_\_\_\_ (Manual will be emailed to you prior to the intro training)

**I am physically able to lift 20lbs and be on my feet for up to 2 hours** \_\_\_\_\_

**I will conduct myself in a professional manner with fellow volunteers, riders and staff** \_\_\_\_\_



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## Volunteer Information Form

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
DOB \_\_\_\_\_ Parent or Guardian (if under 18) \_\_\_\_\_  
Height: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_ Okay to text: Y N  
E-Mail \_\_\_\_\_ Do you check E-Mail Regularly? Y N  
Employer/School: \_\_\_\_\_ Job Title/Year: \_\_\_\_\_  
How did you hear about NVTRP: \_\_\_\_\_  
Have you ever been charged with or convicted of a crime? Y or N (circle one)  
Please explain: \_\_\_\_\_

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## Confidentiality Agreement

This confidentiality Agreement is made between the Northern Virginia Therapeutic Riding Program (referred to as "The Program") and \_\_\_\_\_ (referred to as "The Volunteer").  
(Print name)

The Program is engaged in equine-assisted activities and therapies (EAAT) for individuals with physical, emotional and cognitive limitations. The Volunteer is engaged in assisting the Program's instructors and therapists by leading horses, side walking, and preparing facilities. Information about the Program's clients may be disclosed to the Volunteers from time to time to permit them to properly employ safety measures during riding sessions. The Volunteer agrees to protect the confidential material and information which may be disclosed between the Program and Volunteer. Therefore, the parties agree as follows;

- I. Confidential Information: the term "Confidential Information" means any medical information or material which is private to the Program's clients and their parents.
- II. Protection of Confidential Information: The Volunteer understands and acknowledges that the Confidential Information is to be considered privileged information. Therefore, the Volunteer agrees to hold in confidence and to not disclose the Confidential Information to any person or entity.
- III. Volunteer understands and will hold confidential all personal information learned of clients, staff and other volunteers.

By: \_\_\_\_\_  
Volunteer Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Signature of Parent/Guardian if under 18 \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



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Check all that apply:

Volunteer

Visitor

Staff

## Emergency Treatment Release Form

Name \_\_\_\_\_

Caretaker Name (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**Emergency Contact:**

1. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

.....  
**Primary Physician:**

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

**++Please describe your current health status, disability (if applicable), particularly regarding the physical/emotional demands of working in a therapeutic riding program and any special precautions we need to know.** \_\_\_\_\_  
 \_\_\_\_\_

**++Please list any allergies and current medications:**

A) Allergies \_\_\_\_\_ B) Current Medications \_\_\_\_\_

### Consent Plan

In case of medical emergency, due to illness or injury during the process of receiving services, or while being on the property of NVTRP, the undersigned authorizes NVTRP to:

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

This authorization includes x-ray, surgery, hospitalization, medication, anesthetic, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

\_\_\_\_\_  
**\*\*Consent Signature (Signature of parent or guardian if under 18)**

\_\_\_\_\_  
**Date**

### **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 NVTRP.

Parent or legal guardian will remain on site at all times during equine assisted activities

In the event emergency treatment/aid is required; I wish the following procedure to take place:

**Non-Consent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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**Release and Hold Harmless Agreement**

In consideration of receiving permission from the Northern Virginia Therapeutic Riding Program, Inc. (referred to as “the Program”) to participate in or observe equine-assisted activities and therapies and in further consideration of receiving permission to enter upon the Program property or other premises upon which the Program’s activities may be conducted, the undersigned and his/her family, heirs and assigns hereby forever release, acquit, discharge and hold harmless the Program, as well as its officers, governors, staff, agents, instructors, volunteers, contributors and any property or horse owners affiliated with the Program of and from any and all liability, claim, loss, damage, illness, injury, or death that may be sustained by any of the undersigned while in or upon the premises while participating in or observing activities or while traveling to or from the premises.

The undersigned acknowledges that there are certain risks inherent in participation in equine activities including (i) the propensity of an equine to behave in dangerous ways that may result in injury to the participant; (ii) the inability to predict an equine’s reaction to sound, movements, objects, persons, or animals; (iii) the possibility of equipment failure; and (iv) hazards of surface or subsurface conditions. While the Program makes every effort to minimize these risks, the undersigned is duly aware of these risks and hazards inherent upon participation in or observing equine activities and/or upon entering upon the premises and expressly and knowingly assumes these risks. The undersigned shall explain the potential for these hazards and risks to others that may accompany or substitute for him/her at activities sponsored by the Program. These persons also, by their voluntary presence, assume the same risks and agree by their presence to the same release of liability described herein.

The undersigned and all others that may accompany, represent, and/or substitute for those persons shall indemnify and hold harmless the Program, its officers, trustees, agents, instructors, volunteers, contributors, and other property or horse owners affiliated with the Program of and from any and all liability, claim, loss, damage, cost, charge, and demand of any kind, including attorney’s fees and any related costs, arising either from the improper or negligent use by those listed and all that may accompany, represent, and/or substitute for those listed below of any equine, bridle, saddle, grooming tool, and/or other animal or tool or from the willful or negligent acts of said persons.

**++By:** \_\_\_\_\_

<b>Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of Parent/Guardian if under 18</b>	<b>Print Name</b>	<b>Date</b>

**News and Photo Release**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants permission to the Northern Virginia Therapeutic Riding Program, Inc to take or have taken, still and moving photographs and films including television pictures of my daughter/son/ward/self and consents and authorizes the Northern Virginia Therapeutic Riding Program, PATH Intl., news media, and any other persons interested in the subject of equine-assisted activities and therapies and its work, to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including and without limiting the generality of the foregoing newspapers, television media, brochures, pamphlets, books, social media including Facebook, instructional material and clinical material.

With respect to the foregoing matters, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Northern Virginia Therapeutic Riding Program to use or cause to be used such photographs, films, or pictures for the primary purpose of promoting and aiding the field of equine-assisted activities and therapies and its work.

\_\_\_\_\_ I **DO** grant permission  
 \_\_\_\_\_ I **DO NOT** grant permission

**++By:** \_\_\_\_\_

<b>Signature</b>	<b>Print Name</b>	<b>Date</b>
_____	_____	_____
<b>Signature of Parent/Guardian if under 18</b>	<b>Print Name</b>	<b>Date</b>

