



PO Box 395
 Shrewsbury, VT 05738
 (802) 236-2483

Volunteer/Staff: General Information

Volunteers must be 14 years or older/ Parent or Guardian signature required for anyone under 18

PLEASE PRINT CLEARLY

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE (H) _____ (W) _____ (C) _____
 E-MAIL _____

HOW LONG HAVE YOU LIVED IN VERMONT? _____
 EMPLOYER/SCHOOL _____
 WORK/SCHOOL ADDRESS _____

PARENT/LEGAL GUARDIAN (IF UNDER 18) _____
 ADDRESS _____
 CITY/STATE/ZIP PHONE (H) _____ (W) _____ (C) _____
 E-MAIL _____

ARE YOU FULFILLING A COMMUNITY SERVICE REQUIREMENT? _____
 IF YES, FOR WHICH SCHOOL OR AGENCY? _____
 HOW DID YOU HEAR ABOUT RAINBOW RIDING CENTER? _____
 CURRENT DRIVER'S LICENSE? NO ___ YES-LICENSE # _____ State ___

Volunteer Opportunities: ___ Horse Leader ___ Sidewalker ___ Hosting ___ Lesson Prep

These are suggested hours, we are flexible and will adjust to fit your availability

AVAILABLE TIMES	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00-11:00						
11:00-1:00						
1:00-3:00						
3:00-5:00						

Able to jog next to the horse? ___ Yes ___ No
 Walk on uneven ground and up and down hills ___ Yes ___ No
 Previous horse training/experience? ___ Yes ___ No If yes please explain: _____

Other Opportunities (check all that apply)

___ Dust Busters ___ Yard Hand/Posey Posse Event Extras: ___ Horse Shows ___ Special Olympics
 ___ Trail Rides Paper Jockeys: ___ Fundraising ___ Grant Writing ___ Budget/Finance ___ Future
 Planning ___ Writing/Editing ___ Video/Photography ___ Public Relations ___ Volunteer Recruitment
 ___ General Office Help Other _____

What talents, expertise or interests do you have that you might like to share with our program: _____



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VOLUNTEER/ STAFF: HEALTH INFORMATION

HISTORY: To assist with your safety and the safety of our riders, please describe your current health status, particularly regarding the physical/emotional demands of working in an equine assisted program. Please address fitness, cardiac, bone, or joint function, recent hospitalization/surgeries, or lifestyle changes that might affect your endurance, and/or mobility, or would be important to know about in case of an emergency:

Please list any **medications** that you take that might be important for care providers to be alerted to in case of an accident or need for emergency care:

Please list any **allergies and allergies to medications** that you take that may be important for care providers to know about in case of an accident or need for emergency care:



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VOLUNTEER/STAFF: AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NAME _____ DOB _____
ADDRESS _____
CITY/STATE/ZIP _____
PHONE (H) _____ (W) _____ (C) _____ EMAIL _____
PHYSICIAN'S NAME _____
PREFERRED MEDICAL FACILITY _____
HEALTH INSURANCE CO. _____ POLICY# _____
IN CASE OF EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____
PHONE (H) _____ (W) _____ (C) _____ Email _____

NAME _____ RELATIONSHIP _____ PHONE _____
(H) _____ (W) _____ (C) _____ Email _____

NAME _____ RELATIONSHIP _____ PHONE(H) _____
(W) _____ (C) _____ Email _____

CONSENT PLAN: In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering services or working for the Rainbow Riding Center, or while on the property I authorize Rainbow Riding Center to:

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

This authorization includes x-ray, surgery, hospitalization, medication 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.

SIGNATURE _____ **DATE** _____

PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18

_____ RELATIONSHIP _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in case of illness or injury during the process of volunteering or working while being on the property of Rainbow Riding Center.

___ 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 to take place:

SIGNATURE _____ **DATE** _____

PRINT NAME BELOW IF SIGNATURE ABOVE IS BY A PARENT OR GUARDIAN FOR A VOLUNTEER UNDER 18

_____ RELATIONSHIP _____



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VOLUNTEER/STAFF: ADDITIONAL RELEASES

Dear Reinbow Riding Center Volunteer/Staff,

We may request you be a part of a Reinbow Riding Center promotional press release. We appreciate your willingness to participate in aiding us to maintain the program through such promotions. For legal reasons we require that you understand and agree to the releases below by filling them out and signing them.

Sincerely,
Reinbow Riding Center

Name: _____ Date of Birth: _____ Age: _____
Address: _____
City/State/Zip: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

RELEASES

I **do** **do not** consent to and/or authorize the use and reproduction by Reinbow Riding Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for the promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

I **do** **do not** consent to and/or authorize photos to be posted on a Social Media page such as Facebook, Twitter, etc.

I **do** **do not** consent to and/or authorize the use of a quote to be used in promotional material and/or posted on a social media page.

Signature

DIRECTIONS TO REINBOW RIDING CENTER

From the Rutland Area take Rte. 103 south to the Jiffy Mart in East Wallingford. Just beyond the Jiffy Mart TURN RIGHT and follow signs for Rte. 155. Stay on 155 to Belmont (3.8 miles). At the Belmont sign TURN LEFT onto Tarbellville Road. Then TURN LEFT at sign for Reinbow Riding/Stonewall Farm across from the grey house.

From Ludlow Area take Rte. 103 north to the blinking light in Mt. Holly. TURN LEFT to go to Belmont. At the Belmont Store TURN RIGHT onto Tarbellville Road. In .9 miles TURN RIGHT at the Reinbow Riding/Stonewall Farm sign across from the grey house.

Watch for Reinbow Riding Center Signs along the way.



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Reinbow Riding Center CLIENT CONFIDENTIALITY

Those who work and volunteer at Reinbow Riding Center are legally bound to confidentiality. The principles which will be adhered to will include but not necessarily be limited to, the following:

- Clients will not be discussed with persons outside of the center unless the Client or his/her parent has granted written permission. Additionally, Clients will not be discussed with those involved with the Center that are not directly involved in a Client's services.
- Clients will not be discussed in public places where there is a possibility of others overhearing the conversation.
- All written information regarding Clients will be securely maintained and may not be disclosed without written parent consent or Client consent if the Client is eighteen years of age or older. Information about Clients will not be given out over the phone without specific written permission.
- Any information about Clients acquired by service providers will be kept in the strictest confidence.
- Information can be shared when reporting any suspected abuse of a Client as required by law.

Please read and sign the following document. This procedure has been developed in an effort to protect the right of confidentiality of the Clients we serve. It also serves to ensure that you are aware of the legal and moral obligation you have to maintain confidentiality.

I accept the privilege and responsibility to have access and to receive information about Clients at the Center. I understand the confidentiality of the material which I read, hear, or discuss. Under no circumstances shall I duplicate, disseminate or verbalize to unauthorized persons this information. I also understand that e-mail systems affords no expectation of privacy and is considered part of the Client's file which cannot be destroyed.

I fully understand that access to information, whether obtained from records, through my attendance at or involvement in meetings, through discussion with instructors, Clients, family members and other service providers is only for the purpose of helping me make informed choices when providing services. The information I obtain is considered personal and private and should in no way be used in a prejudicial manner.

Signature: _____ **Date:** _____

Print Name

Approved 1/9/2017



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**VERMONT CRIMINAL INFORMATION CENTER
VULNERABLE POPULATIONS PROGRAM
RELEASE FORM**

Qualified Entity _____

Applicant _____
Last First Middle

Maiden or Alias Names _____

Social Security # - -

Place of Birth _____
City/Town State Country

Date of Birth _____
Month Day Year

Applicant's Phone # (include Area Code) () -

RELEASE

I, _____, hereby acknowledge and agree to a check of any criminal record of convictions, which may be maintained by the Vermont Criminal Information Center. I understand that the results of the check will be made available to **Rainbow Riding Center** for use in reviewing my suitability for employment and/or as a volunteer with the program. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 Main Street, Waterbury, Vermont 05671-2101.

Signature of Applicant

Date

Identity Verified by

Date



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Reinbow Riding Center

Covid-19 Acknowledgement of Risk and Acceptance of Services

I, _____ (Participant Name/or Parent/Guardian)), am aware of the risks of contracting Covid-19 while receiving face to face services from Reinbow Riding Center at this time of the on-going Covid -19 pandemic.

I am aware that face to face services increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless Reinbow Riding Center, it's employees and all other individuals I may come in contact with during this interaction and receiving of services.

I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Reinbow Riding Center and their staff. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the property in person; washing my hands prior to each session; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or gloves. I agree to cancel my services should I have within the previous 24 hours to 2 weeks personally exhibited or have been in contact with someone who has presented with illness including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of Reinbow Riding Center once I have notified them of these risks in regards to my future services during this pandemic.

Reinbow Riding Center will engage in regular cleaning and sanitizing of horse tack, grooming supplies and "office," doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC and state regulations for the safety of clients, employees, volunteers and horses. (We follow National, State and local guidelines as well as those initiated by our Board of Directors.)

I am signing under my own free will and choice and agree to follow these and hold harmless all individuals associated with or through my services acquired from Reinbow Riding Center.

Client Name: _____ Date: _____

Client Signature: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____