

**Cassidy's Cause
Therapeutic Riding Academy**

6075 Clinton Rd
Paducah, KY 42001
270-554-4040

VOLUNTEER / INTERN APPLICATION 2014

Thank you for your interest in volunteering with Cassidy's Cause! Our volunteers are the backbone of our program and without them our riders could not ride. Please complete the following application. It is important to fill out the **entire form** and **not to leave any questions blank**. Thank you!

Please Note: Cassidy's Cause cannot accept applicants into volunteer programs, who have been arrested for, or convicted of, crimes against persons and/or animals. You will be subject to a background check as part of this application process.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Best method to contact you: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we call you at work? _____

Occupation: _____ Employer: _____

If Student: School: _____ Grade level: _____

Please check which volunteer areas *most* interest you:

Lesson Volunteer

Therapeutic Riding
 Horsemanship

Equine Care

Barn Help
 Feeding
 Grooming
 Conditioning
 Junior Volunteer

Administration

Fund Raising
 Newsletter
 Photography
 Marketing/PR
 Office Help
 Receptionist

How did you hear about Cassidy's Cause? _____

Why are you interested in volunteering at Cassidy's Cause? _____

Are you able to walk for 45 minutes and jog short distances? _____ Yes _____ No

Do you have any health issues or physical limitations that we should be aware of? _____ Yes _____ No

If yes, please describe:

I accept responsibility to inform the people I am working with of my limitations.

Signature: _____ **Date:** _____

Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

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Volunteer / Intern Past Experience

Do you have experience training or working with horses? _____ Yes _____ No

If yes, please provide contact information for the most recent Equine Program/Center you have worked or volunteered with:

Name of Equine Program/Center _____

Contact Name: _____ Position: _____

Mailing Address _____

Daytime Phone # _____ E-mail _____

Please list your horse experience:

Do you have experience or training working with people with disabilities? _____ Yes _____ No

If yes, please provide contact information for the most recent youth program/center you have volunteered with:

Name of Program or Center _____

Contact Name: _____ Position: _____

City _____ State _____

Daytime Phone # _____ E-mail _____

Please describe your experience:

Have you volunteered with any other youth organization in the past? _____ Yes _____ No

If yes, please list the names of the organizations and your volunteer position:

Organization:	Position Held:	Length of Time:
_____	_____	_____
_____	_____	_____

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Cassidy's Cause Volunteer Self Skills Assessment:

Cassidy's Cause is a busy facility with many different volunteer duties and responsibilities for volunteers. The following is a list of some tasks that you may be asked to perform, based on your volunteer position. Please place a check mark next to each task and your experience level with each task.

	Have experience and am comfortable with task:	Very little experience, but willing to learn:	I have no interest in this task:
Hay Crew/Barn Help:			
Cleaning Stalls			
Cleaning and Organizing Tack			
Loading / Moving Hay			
Feeding Horses			
Horse Handling:			
Bathing Horses			
Grooming Horses			
Picking Hooves			
Leading Horses			
Riding Horses			
Lunging Horses			
Conditioning Horses			
Horse Training			
Lessons:			
Leading in Lessons			
Side walking in Lessons			
Working with Children			
Working with Adults			
Working with Special Needs			
Instructing Lessons			
Emergency Dismount			
Admin / Special Events:			
Answering Phones			
Data Entry			
Copying / Faxing			
Filing and Organizing Paperwork			
Computer Programming/Networking			
Assist with Special Events/Fundraisers			
Other skills not listed: (carpentry, plumbing, electrical, sewing/costume design, event planning, camp experience)			

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Volunteer / Personnel Liability Release

As a volunteer/personnel with Cassidy's Cause Therapeutic Riding Academy, Inc. I acknowledge the risks and potential for risk involved with a program providing equine assisted activities and horse related activities. However, I feel the possible benefits to myself and the participants I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damage against Cassidy's Cause Therapeutic Riding Academy, Inc., its board of Directors, Employees, Instructors, Therapists, Aides, Volunteers, Equines, Equine Owners, Equipment and the Operating Site for any and all injuries and/or losses I may sustain while participating at Cassidy's Cause Therapeutic Riding Academy, Inc. (CCTRA)

"WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

Signature: _____ **Date:** _____
Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

Volunteer / Personnel Photo Release

_____ I DO _____ I DO NOT consent to and authorize the use and reproduction by Cassidy's Cause Therapeutic Academy, Inc. of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including World Wide Web) or for any other use for the benefit of the program.

Signature: _____ **Date:** _____
Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

Junior Volunteer Requirements (aged 12-16)

Cassidy's Cause Therapeutic Riding Academy, Inc. volunteers must be at least 12 years of age. Junior Volunteers are defined as volunteers who are between the ages of 12 and 16. Junior Volunteers must be accompanied by a parent, adult family member or guardian until they have demonstrated that their maturity and skills are at the level where supervision by a parent, adult family member or guardian is no longer necessary. This will be determined by a Cassidy's Cause Therapeutic Riding Academy, Inc. staff member. All junior volunteers must demonstrate the ability to act responsibly in the barn area and follow barn rules and guidelines. Junior volunteers are not allowed to participate directly in lessons. Junior volunteers are required to attend a New Volunteer Orientation and appropriate training before they begin their volunteer service at Cassidy's Cause Therapeutic Riding Academy, Inc.

All volunteers under the age of 16 must be under direct supervision *at all times*. Direct supervision can be provided by a parent, adult family member, guardian, designated Cassidy's Cause Therapeutic Riding Academy, Inc. volunteer, Cassidy's Cause Therapeutic Riding Academy, Inc. volunteer mentor, Cassidy's Cause Therapeutic Riding Academy, Inc. instructor or Cassidy's Cause Therapeutic Riding Academy, Inc. staff member.

I agree to provide adult supervision as outline in the junior volunteer requirements above. If I do not provide such supervision, I understand CCTRA my immediately suspend my son/daughter from participation as a junior volunteer.

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____

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Volunteer's Authorization for Emergency Medical Treatment

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Allergies to Medication: _____

Current Medication: _____

Person (s) to be contacted in case of an emergency:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

3. Name: _____ Relationship: _____ Phone: _____

Consent for emergency medical treatment is required of all Cassidy's Cause Therapeutic Riding Academy, Inc. volunteers, due to the inherent risk of injury when participating in farm animal activities.

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering at Cassidy's Cause Therapeutic Riding Academy, Inc., or, while being on the property of the agency, I authorize Cassidy's Cause Therapeutic Riding Academy, Inc., to:

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

Consent Plan

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) listed above is unable to be reached.

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 volunteering at Cassidy's Cause Therapeutic Riding Academy, Inc or while being on the property of the agency.

Please check one:

_____ **I do consent** to emergency medical aid/treatment OR _____ **I do not consent** to emergency medical treatment.

Signature: _____ **Date:** _____

Signature of applicant. If volunteer is under 18 years of age, signature of parent/guardian.

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Volunteer/Personnel Confidentiality Policy

Cassidy's Cause Therapeutic Riding Academy, Inc. recognizes the right of participants/riders and their families to have privacy and control over any information that might be personal or sensitive. In order to respect that right, Cassidy's Cause Therapeutic Riding Academy, Inc. has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with Cassidy's Cause Therapeutic Riding Academy, Inc., including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities to termination and/or legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, Cassidy's Cause Therapeutic Riding Academy, Inc. staff, volunteers or others associated with Cassidy's Cause Therapeutic Riding Academy, Inc., or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to participant/rider. This information will be used solely for therapeutic riding purposes.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the executive director of Cassidy's Cause Therapeutic Riding Academy.

I have read and understand the Cassidy's Cause Therapeutic Riding Academy, Inc. confidentiality policy as described above and agree to observe its principles.

Volunteer Printed Name: _____ **Date:** _____

Volunteer Signature: _____

If Volunteer is under the age of 18, Parent/Guardian Signature:

_____ **Date:** _____

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Volunteer Background Check Information

Please Note: Due to the extreme vulnerability of our special needs community, a background check is required for any volunteer over the age of 18. Cassidy's Cause Therapeutic Riding Academy, Inc. cannot accept applicants into volunteer programs who have been arrested for, or convicted of, crimes against persons and/or animals. You will be subject to a background check as part of this application process.

(Please Print Clearly)

First Name _____ MI _____ Last Name: _____

Current Address _____

City _____ State _____ Zip Code _____

Maiden or Any Other Name Used _____

Social Security Number _____ Date of Birth ____/____/____

Current Driver's License N Y License Number _____ State _____

Have you lived outside of the State of Kentucky in the past 5 years? _____ Yes _____ No

If yes, please provide your most previous information:

Previous Address _____

City _____ State _____ Zip Code _____

Have you ever been charged with or convicted of a crime? _____ Yes _____ No

If yes, please explain:

Have you ever been listed on a registry for child abuse? _____ Yes _____ No

I, _____ authorize Cassidy's Cause Therapeutic Riding Academy, Inc. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my participation as a volunteer/personnel, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, volunteer, business, group, agency, organization or corporation.

Signature: _____ Date: _____

Signature of Volunteer

The above personal information will be kept strictly confidential. It is the policy of Cassidy's Cause for ALL volunteers to have a background check. Thank You for your cooperation