



Cassidy's Cause Volunteer Application

Date _____

Legal Name _____

Preferred Name (Nickname) _____

Age 12-16 17-29 30-49 50-64 65+

Occupation _____

(if student) _____
School _____ Grade Level _____

Employer _____

Home Address _____

City _____ State _____ Zip _____

Check the box of your best contact method

Preferred Email _____

Additional Email _____

Cell Phone _____

Home Phone _____

Work Phone _____

How did you hear about Cassidy's Cause?

Why are you interested in volunteering here?

Are you able to stand/walk for 45 minutes or more 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: _____

Thank you for your interest in volunteering with Cassidy's Cause!

Our volunteers are the backbone of our program and we would not be able to help our participants without them. Please complete the following application. **It is important to fill out the entire form.** 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 may be subject to a background check as part of this application process.

This information is correct and I accept responsibility to inform the people I work with of my limitations.

Signature of applicant (or parent/guardian of applicant under age 18)

Date _____



Cassidy's Cause Volunteer Experience

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

If yes, please provide information about the most recent equine program or center you worked or volunteered with.

Equine Program _____

Dates City State

Contact Name & Position _____

Contact Phone _____

Contact Email _____

Do you have experience working Yes No
with people with disabilities?

If yes, please provide information about the most recent program or center you worked or volunteered with.

Program Name _____

Dates City State

Contact Name & Position _____

Contact Phone _____

Contact Email _____

Have you volunteered with any Yes No
other youth organizations?

If yes, please list the organization and volunteer position.

Organization _____

Position & Dates Held _____

Organization _____

Position & Dates Held _____

Organization _____

Position & Dates Held _____

**Describe your experience
with horses (if any):**

**Describe your experience
working with people with
disabilities (if any):**

**Describe your experience
working with youth (if any):**



Cassidy's Cause Volunteer Self Skills Assessment

↓ Check the top areas that interest you:

	<i>Experienced and comfortable with</i>	<i>Willing to learn</i>	<i>Not interested in</i>
<input type="radio"/> Lessons: Mounted Classes			
<input type="radio"/> Lessons: Unmounted (Ground) Classes			
<input type="radio"/> Lessons: Horse Leader			
<input type="radio"/> Lessons: Sidewalking			
<input type="radio"/> Lessons: Working with Youth			
<input type="radio"/> Lessons: Working with Adults			
<input type="radio"/> Lessons: Working w/ Special Needs			
<input type="radio"/> Lessons: Instructor Training			
<input type="radio"/> Horses: Jr. Volunteer (ages 12-16)			
<input type="radio"/> Horses: Barn Cleaning			
<input type="radio"/> Horses: Cleaning/Organizing Tack			
<input type="radio"/> Horses: Feeding			
<input type="radio"/> Horses: Loading/Moving Hay			
<input type="radio"/> Horses: Bathing/Grooming			
<input type="radio"/> Horses: Exercise			
<input type="radio"/> Horses: Training/Conditioning			
<input type="radio"/> Office: Host/Receptionist			
<input type="radio"/> Office: Newsletter & Social Media			
<input type="radio"/> Office: Photography			
<input type="radio"/> Office: Special Events / Fundraising			
<input type="radio"/> Office: Cleaning / Janitorial			
<input type="radio"/> Professional Skills you would share with us:			

Cassidy's Cause is a busy facility with many different volunteer duties and responsibilities. The following is a list of some tasks that you may be asked to perform, based on your volunteer position.

Use the circles to check the top areas that interest you as a volunteer.

For all skills, you can select if you are “**experienced and comfortable with**” this task, if you have little to no experience but are “**willing to learn**” how to do this task, or if you are “**not interested in**” this task.



Cassidy's Cause Volunteer/Personnel Liability Release 2025

6075 Clinton Road · Paducah, KY 42001 · 270.554.4040

Name (printed) _____

As a volunteer/personnel with Cassidy's Cause Therapeutic Riding Academy, Inc. (CCTRA) I acknowledge the risks and potential for risks 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 CCTRA, 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.

WARNING: Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have a 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

Signature of parent/guardian of applicant under age 18

Date _____

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

Signature of parent/guardian of applicant under age 18

Date _____



Cassidy's Cause Volunteer/Personnel Confidentiality Policy

6075 Clinton Road · Paducah, KY 42001 · 270.554.4040

Cassidy's Cause Therapeutic Riding Academy, Inc. (CCTRA) 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, CCTRA has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with CCTRA, 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, CCTRA 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 a participant relevant medical or behavior information related to providing therapeutic riding services to that participant. This information will be used solely for equine therapy purposes.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the Executive Director of CCTRA.

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

Name (printed) _____

Signature

Signature of parent/guardian of applicant under age 18

Date _____



Cassidy's Cause: Authorization for Emergency Medical Treatment

6075 Clinton Road · Paducah, KY 42001 · 270.554.4040

Name _____

Date of Birth _____

Phone _____ Home Cell

Home Address _____

City _____ State _____ Zip _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Company _____

Allergies to Medication(s) _____

Current Medication(s) _____

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

1. Name _____

Relationship _____

Phone _____

2. Name _____

Relationship _____

Phone _____

3. Name _____

Relationship _____

Phone _____

continued on back of page

Page 2: Authorization for Emergency Medical Treatment

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

I do consent to emergency medical aid/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) listed above is unable to be reached.

Non-Consent Plan

I do NOT consent to emergency medical aid/treatment

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.

Signature

Signature of parent/guardian of applicant under age 18

Date _____



Cassidy's Cause Volunteer Background Check

6075 Clinton Road · Paducah, KY 42001 · 270.554.4040

Please Note: Due to the extreme vulnerability of our special needs community, any volunteer over the age of 18 may be subject to a background check. 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 may be subject to a background check as part of this application process.

Name _____
First MI Last

Maiden or any other names used _____

Social Security Number _____

Date of Birth _____

Current Address _____

City State Zip

Current Driver's License Yes No

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 recent previous address:

Previous Address _____

City State Zip

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

continued on back of page

Page 2: Volunteer Background Check

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

If yes, please explain:

I, (Print name legibly) _____

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

Signature of parent/guardian of applicant under age 18

Date _____

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

Thank you for your cooperation and understanding.

Email completed form to christy@cassidyscause.org