Fifth Gospel Equine
info.fifthgospelequine.org
615-542-0643

Volunteer Application

(Please complete this form and send it to *Fifth Gospel Equine* by email: fifthgospel7@gmail.com or mail to the office at 516 Twyla Drive, Lebanon TN, 37087.)

Today's Date: _____/_____/_____

1. **PERSONAL INFORMATION** (Please print legibly):

Have you ever volunteered with Fifth Gospel Equine before? No Yes

If yes, when? _____ Gender: Female or Male

Participant Name:_____ Participant's DOB: ____ / ____ / ____

Address: _____City/State: _____

Zip Code: _____ Home Phone: _____ Cell: _____

Work: _____ Occupation:_____

E-mail: _____

Preferred Contact: ____Home Phone ____ Cell phone ____ Email ____Call ____ Text

IF UNDER 18 years old please print Parent/Guardian Name:

_____

How did you hear about 'Fifth Gospel Equine'? _____

Have you volunteered with a therapeutic Equine program before? YES NO

If yes, what program? _____

2. **UNIVERSITY/COMMUNITY SERVICE INFORMATION** (only complete if applies to you)

If you are volunteering to complete university curriculum service hours, how many hours do you need to fulfill your requirement? _____

What university do you attend? _____

What major/class/program is this required for? _____

_____

I wish to volunteer at Fifth Gospel Equine because: _____

_____

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3. SPECIAL SKILLS:

Please list any special skills that you could offer (carpentry, people skills, business skills, social media, networking, people management, communication, farming, equine skills, etc.)

_____

_____

_____

Please describe your general background (i.e. education, work experience)

_____

_____

_____

_____

_____

Degrees/Certifications? _____

_____

Have you had previous experience working with horses? No Yes

If yes, please describe:

_____

_____

Have you had previous experience working with people in recovery from trauma, addiction, and/or mental illness? No Yes

If yes, please describe: _____

_____

4. CHECK AREAS IN WHICH YOU ARE INTERESTED:

Fundraising ___	Horse Handler ___	Public Relations ___
Photography/Video ___	Fundraising ___	Grant Writing ___

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Stable Management ___ Recruitment ___ Youth Board ___
Social Media ___ Farm Help ___ Bible teacher ___
Advisory Board ___ Networking ___ Administration ___

Please indicate Days and times you are available and how often: _____

_____

_____

5. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____ DOB (mm/dd/yy): _____
General Physician's Name: _____
Preferred Medical Facility: _____
Health Insurance Company: _____ Policy Number: _____
Allergies to medications: _____
Current medications: _____
In the event of an emergency contact:
Name: _____ Relationship: _____
Phone: _____ Name: _____
Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness/injury during the process of receiving services, or while being on the property of the agency, I authorize Fifth Gospel Equine Inc. to: 1. Secure and retain medical treatment and transportation if needed 2. Release client records upon request to authorized individuals or agencies involved in the medical emergency treatment.

____ CONSENT PLAN I DO give authorization that may include x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

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____ NON-CONSENT PLAN I Do Not give my consent for emergency medical treatment aid in the case of illness of injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following procedures to take place:_____

_____

_____

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: _____

Fifth Gospel Equine Policy

Standard Policy:

- Everyone must respect all barn rules.
- Riders or anyone working directly with horses must wear long pants, jeans, breeches, or half chaps when riding. No riding in shorts, cutoffs, or short pants.
- Riding boots are preferred however tennis shoes can be accepted. No open toed shoes.
- No spaghetti strap shirts, or Low Cut tops. Cleavage and mid-section must be covered.
- Riders under 18 must wear a helmet when mounted.
- Always keep every GATE CLOSED.
- Turn off all lights when leaving the barn and arena.
- No riders may ride alone without trainer approval.
- All tack must be cleaned and stored properly after EVERY ride. You are responsible for what you use.
- Only use grooming tools, halters, leads and tack assigned to each specific horse. If a horse does not have assigned supplies, ask barn management.
- After each ride, every horse needs to be cooled down, groomed properly, feet picked, and water bucket refilled.
- Always ask for assistance if unsure of any task while handling horses.

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- All patrons at Fifth Gospel Equine are expected to treat each person here with respect and kindness. Disrespect, rudeness, vulgarity, or disruptive behavior will not be tolerated and those parties will be asked not to return to our facility.
- Do not play on/in shavings, hay or in the hay storage area.
- No climbing on gates, fences, or equipment as this may result in injury or damage to barn property.
- Only tie horses in the designated grooming area and tie areas. Do not tie horses to stalls, doors, or fences. If there is not an area to tie your horse available then have someone hold your horse.
- Please do not give treats to horses, unless approved.

- Clean up after your horse and yourself.
- Manure disposal area is for MANURE only. NO hay strings, paper, water bottles or trash.
- The Equine Safety Course must be completed before volunteering as a horse handler.

If you question if it is allowed or what you should do THEN ASK!

Cancellation Policy

Lessons could be canceled due to the following:

- Below freezing temperatures
- Inclement weather such as severe storms with lightning/high winds
- Snow or icy road conditions
- Flooding
- Heat (temperatures over 100 or high heat indexes)
- Rain cancellations will be determined by trainer/instructor

EQUINE WAIVER OF CLAIMS

RELEASE OF LIABILITY & EXPRESS

ASSUMPTION OF RISK AND INDEMNITY AGREEMENT (FOR INDIVIDUALS)

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Express Assumption of Risk Associated with Trail Rides, Lessons and Related Equine Activities.

I, _____, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with Horse Riding Instructions/Lessons, transportation of equipment related to the activities, and traveling to and from activity sites of which I am about to engage in. Inherent hazards and risks include, but are not limited to:

1. Risk of injury from the activity and equipment utilized in Horse Riding is significant including the potential for permanent disability and death.

2. Possible equipment failure and/or malfunction of my own or others' equipment.

3. My own negligence and/or the negligence of all others, including employees, agents, independent contractors or representatives of Sharp's Horsemanship, including but not limited to operator error.

4. The propensity of an equine (horse) to behave in dangerous ways that may result in injury to the participant regardless of the equine's previous training and past performance.

5. The inability to predict an equine's (horse's) reaction to sound, movements, unfamiliar environment, objects, persons or animals.

6. Natural hazards including but not limited to surface or subsurface conditions.

7. Propensity for an equine (horse) to run, buck, bite, kick, shy, stumble, rear, trample, fall, make unpredictable movements, spook, jump, butt, step on a person's feet, push or shove without warning or apparent cause.

8. Saddles or bridles may loosen or break which may cause the participant to be jolted or fall.

9. The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal.

10. The potential for a participant to fail to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

11. Collisions with trees, bushes, brush, and other animals or objects.

12. Broken bones, severe injuries to the head, neck, and back which may result in severe impairment or even death.

13. Cold weather and heat related injuries and illness including but not limited to frostnip, frostbite, heat exhaustion, heat stroke, sunburn, hypothermia, and dehydration.

14. Exposure to outdoor elements, including but not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and/or varied wind, temperature and all other weather conditions.

15. Attack by or encounter with insects, reptiles, and/or animals.

16. Accidents or illness occurring in remote places where there are no available medical facilities.

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17. Fatigue, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.

18. My sense of balance, physical coordination, and ability to follow instructions.

DECLARATION OF FITNESS TO RIDE

_____ I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to other persons or myself during riding activities.

_____ I declare that I am free from epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, lung or heart disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction, recent back injury, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, thyroid adrenal or other glandular disorder, recent blood donation or any condition that require the regular use of drugs.

_____ I hereby declare that I have no physical or mental condition that should preclude me from participation in my chosen activity, that I am not participating against medical advice or treatment and that I have not been diagnosed by a registered doctor as having a terminal illness.

_____ I further declare that in the event that I feel ill or unwell, have any physical complaints whatsoever or if an injury is sustained of any kind during the course of riding activities, I will notify the instructor/guide/employee of the insured immediately and before moving away from the immediate vicinity.

PROTECTIVE HEADGEAR REFUSAL AGREEMENT

I, _____, have been fully warned and advised by Fifth Gospel Equine that we should wear a properly fitted helmet in order to reduce some or all of our head injuries as the result of a fall or any other occurrence associated with this hazardous activity. We realize that we are subject to injury from this activity to which we are exposing ourselves purely voluntarily. ALL CHILDREN 18 and under are required to wear a safety helmet.

Each Participant and Parents or Legal Guardians must sign below after reading and completing this entire document: I/We, the undersigned, represent that I/We have read and do understand the foregoing agreement, liability release and assumption of risk agreement. I/We understand that by signing this document I/We are giving up the rights to sue today and in the future. I/We attest that all facts are true

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and accurate. I am signing this while of sound mind and not suffering from shock or under the influence of alcohol, drugs, or intoxicants. I UNDERSTAND THAT HORSEBACK RIDING IS RUGGED AND DANGEROUS SPORT; I/WE AM/ARE RIDING AT MY/OUR OWN RISK.

_____ _____ _____

PARTICIPANT(s) NAME (Please print) Age(if under 18) DATE

Does the participant have any physical or mental condition(s) that may affect his/her safety and ability to ride a horse? Y___N___ If "yes," how can we help this participant with his/her special needs?

_____

_____

MEDICAL INSURANCE

I/WE AGREE that: Should medical treatment be required, I and/or my medical insurance shall pay for ALL such incurred expenses.

_____ _____

SIGNATURE OF PARTICIPANT (if 18 or older) DATE

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

Policies, procedures, and safety CONSENT:

As a 'Fifth Gospel Equine' volunteer I have read and understand the policies and procedures for Fifth Gospel Equine volunteers and I DO AGREE to follow the policies and procedures.

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I DO AGREE to follow all safety guidelines. I understand I will be required to attend and complete hands-on training for my volunteering position.

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: _____