

NATURE'S EDGE THERAPY CENTER, INC.

2523 14 3/4 AVE
RICE LAKE WI 54868
715-859-6670

Volunteer Information Form

Name: _____ Home Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Work Address: _____ City: _____ State: _____ Zip: _____
Work Phone: _____ Age: _____

If student, name of school: _____

How did you learn about Nature's Edge: _____

Best Phone Number to Contact me is: _____ at these times, _____

Contact at work is: Not Okay Okay

If under 18, information must be filled in below:

Parent/Legal Guardian Name: _____

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

Home Phone: _____ Work Phone: _____

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic setting. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

Allergies: _____

Medications: _____

Recent medical tests: Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____

(Consult your physician or local health department if you are not up to date with these shots/tests)

Do you have any physical limitations? Yes No

If yes, please explain _____

Can you walk for (60) minutes and jog for short distances? Yes No

Current Driver's License: Yes No License Number: _____ State: _____

Background Information

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

If yes please explain: _____

I, _____ (volunteer/staff), authorize Nature’s Edge Therapy Center, 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 application as an employee/volunteer, and that I expressly DO NOT authorize Nature’s Edge, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Check which areas you are interested in:

<u>Program Volunteer</u>	<u>Fundraising</u>	<u>Event</u>	<u>Administration</u>
<input type="checkbox"/> Leading a horse	<input type="checkbox"/> Trail Ride	<input type="checkbox"/> Barron County Fair	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Sidewalking with a patient	<input type="checkbox"/> Golf	<input type="checkbox"/> Away Horse Shows	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Stable management	<input type="checkbox"/> Raffle	<input type="checkbox"/> 4-H Training Center	<input type="checkbox"/> Volunteer Recruitment
<input type="checkbox"/> Youth of Promise		<input type="checkbox"/> Open House	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Tour Leader			<input type="checkbox"/> Budget/Finance
<input type="checkbox"/> Equipment			<input type="checkbox"/> Future Planning
<input type="checkbox"/> Facility Repairs			<input type="checkbox"/> Grant Writing

Fill in the days that you are available:

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIME:							

Circle your level of experience with horses:

BEGGINER—never been around horses/occasionally around horses

NOVICE-deals with or has dealt with horses periodically, feels comfortable working with horses, ie., saddling, grooming, feeding, leading, riding, etc.

ADVANCED-deals or had dealt with horses frequently/feels comfortable dealing with horses in various situations including difficult situations.

Do you have any other skills or training which would be beneficial? _____

Do you have any experience working with physically/emotionally challenged individuals? Yes No

If yes please explain: _____

Thank you for considering Nature’s Edge for your volunteer time!

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Volunteer Photo Consent

I hereby give Nature's Edge Therapy Center, Inc. the right to photograph, televise, film, video tape and/or sound record the acts, appearances and utterances of _____ and to use any descriptive words or names, including the name of _____ in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, video tapes and/or sound recordings for any purpose which Nature's Edge Therapy Center, Inc., deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material, medical education, knowledge and/or research. All such photographs, films and/or sound recordings shall be the exclusive property of Nature's Edge Therapy Center, Inc., and I hereby relinquish all right, title and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Nature's Edge Therapy Center, Inc., to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Nature's Edge Therapy Center, Inc. and its work.

Date: _____ Signature: _____
Print Signature Name: _____ Relationship to Volunteer: _____
(If under 18, a parent or legal guardian must sign.)

DAMAGE RELEASE

I, _____ (Parent/Guardian if under 18) understand that if my child or heirs causes harm to Nature's Edge Therapy Center of property of Nature's Edge Therapy Center of the Lundeen farm used by Nature's Edge Therapy Center, I will be held responsible for damages.

Signature of Parent or Guardian if under 18

Date

Volunteer Liability Release

As a volunteer at Nature's Edge Therapy Center, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel the possible benefits to myself and the clients 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 damages against Nature's Edge Therapy Center, Inc., its board of directors, instructors, therapists, aids, volunteers and/or employees, and the Lundeen Ranch for any and all injuries and/or losses I may sustain while participating in Nature's Edge Therapy Center, Inc.

Date: _____ Signature: _____
Print Signature Name: _____ Relationship to Volunteer: _____
(If under 18, a parent or legal guardian must sign.)

Statement of Confidentiality

I understand that all information, both written and verbal, regarding clients at Nature's Edge Therapy Center, Inc., and confidential business matters shall be held in strict confidence at all times except as needed within the facility for therapy and/or business purposes.

I understand that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.
Date: _____ Signature: _____
Print Signature Name: _____ Relationship to Volunteer: _____
(If under 18, a parent or legal guardian must sign.)

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Volunteer Medical Treatment Form

In Case of Emergency Contact:

Name: _____ Home Phone: _____ Work Phone: _____
Address: _____

Physician: _____ Phone: _____
Hospital and Town: _____

Volunteer Info:

Volunteer Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Physician's Name: _____
Preferred Medical Facility: _____
Health Insurance Co: _____ Policy #: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering services, or while being on the property of the agency, I authorize Nature's Edge Therapy Center, Inc. to secure and retain medical treatment and transportation if needed.

Date: _____ Consent Signature: _____
Print Signature Name: _____ Relation to Volunteer: _____
(If under 18, a parent or legal guardian must sign consent signature.)

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 services or while being on the property of the agency. In the event emergency treatment /aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____
Print Signature Name: _____ Relation to Volunteer: _____
(If under 18, a parent or legal guardian must sign consent signature.)