



2523 14 ¾ Avenue

Rice Lake, WI 54868

715.859.6670 phone

715.859.6669 fax

Volunteer Information Form

Name: _____ Age: _____

Phone (Home): _____ Phone (Cell): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Email address: _____

If student, name of school: _____

How did you learn about Nature's Edge? _____

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

Contacting me 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

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

Allergies: _____

Medications: _____

Recent medical tests:

Date of last tetanus shot: _____

Date of last tuberculosis test: _____ + _____ -

(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 and sign statement below: _____

I, _____ (volunteer), 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 a 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: _____
(If under 18, a parent or legal guardian must sign.)

Interests and Skills

Please check areas in which you are interested:

- | | | |
|--|---|--|
| <p><u>Program Volunteer</u></p> <p><input type="checkbox"/> Leading a horse</p> <p><input type="checkbox"/> Sidewalking with a patient</p> <p><input type="checkbox"/> Stable management</p> <p><input type="checkbox"/> Small animal handling</p> <p><input type="checkbox"/> Tour leader</p> <p><input type="checkbox"/> Equipment maintenance/repair</p> <p><input type="checkbox"/> Facility maintenance/repair</p> | <p><u>Fundraising</u></p> <p><input type="checkbox"/> Gala</p> <p><input type="checkbox"/> Fall Family Festival</p> <p><input type="checkbox"/> Special events</p> | <p><u>Administration</u></p> <p><input type="checkbox"/> Public relations</p> <p><input type="checkbox"/> Newsletter</p> <p><input type="checkbox"/> Volunteer recruitment</p> <p><input type="checkbox"/> Photography/video</p> <p><input type="checkbox"/> Budget/finance</p> <p><input type="checkbox"/> Future planning</p> <p><input type="checkbox"/> Grant writing</p> |
|--|---|--|

Please fill in the day(s) and time(s) you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time:						

Please check your level of experience with horses:

- BEGINNER** I’ve never/occasionally been around horses.
- NOVICE** I deal with or have dealt with horses periodically and feel comfortable working with horses i.e., saddling, grooming, feeding, leading, riding, etc.
- ADVANCED** I deal or have dealt with horses frequently and feel comfortable dealing with horses in various situations, including difficult situations.

Do you have any other skills or training that 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!

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, videotapes and/or sound recordings for any purpose which Nature's Edge Therapy Center, Inc., deems proper with respect to newspapers, television media, brochures, pamphlets, instructional material, medical education, knowledge, and/or research. All such photographs, films, videotapes, 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, videotapes and/or sound recordings for the primary purpose of promoting and aiding Nature's Edge Therapy Center, Inc. and its work.

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)

VOLUNTEER DAMAGE RELEASE

I, _____ (volunteer or Parent/Guardian if under 18), hereby agree that I will be liable for any damage to the property of Nature's Edge Therapy Center, Inc., or the Payne family, while on the premises of Nature's Edge Therapy Center, Inc., or in the Payne home, and/or for any loss of use of such property resulting from any such damage, caused by my negligence or that of my child or any guest or animal brought on such premises by me. I further agree to pay for any necessary repairs or to reimburse Nature's Edge Therapy Center, Inc., and/or the Payne family for the reasonable cost of repair, replacement, and/or loss of use of such property pending repair or replacement.

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)

VOLUNTEER LIABILITY RELEASE

As a volunteer at Nature's Edge Therapy Center, Inc., I acknowledge the risks and potential for risks of a program involving horses. However, I feel the possible benefits to myself and the patients 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, aides, volunteers and/or employees, and the Payne Ranch for any and all injuries and/or losses I may sustain while participating in activities at Nature's Edge Therapy Center, Inc.

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)

STATEMENT OF CONFIDENTIALITY

I understand that all information, whether written and verbal, regarding patients 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.

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)



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VOLUNTEER MEDICAL TREATMENT FORM

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Volunteer Information:

Volunteer Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Zip: _____

Physician's Name: _____

Preferred Medical Facility: _____

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering at, or while being on the property of, Nature's Edge Therapy Center, Inc., and the above emergency contact (s) cannot be reached, I authorize Nature's Edge Therapy Center, Inc. to secure and retain medical treatment and transportation if needed.

This authorization includes X-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact(s) above is unable to be reached.

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)

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, or while being the property of, Nature's Edge Therapy Center, Inc. In the event emergency treatment aid is required, I wish the following procedures to take place:

Signature: _____ Date: _____

Print Name: _____ Relationship to Volunteer: _____

(If under 18, a parent or legal guardian must sign.)