



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

Instruction: This application must be filled out completely, legibly, accurately, signed and dated to be processed. If applicants are under 18 years of age, parental or legal guardian consent must be signed where indicated below. This packet and background screening are to be completed in order to be scheduled for a New Volunteer Orientation.

Volunteer Sign-Up Packet

Date Received By NTRC Office: _____

Name: _____ Date of Birth: _____

Local Address: _____
(Street) (City) (State) (Zip)

Seasonal Address: _____
(Street) (City) (State) (Zip)

Phone: _____
(Home) (Cell) (Work/Alternative)

Email Address: _____

Shirt Size: S M L XL XXL XXXL

	Yes	No
Do you have any physical limitations If yes, explain:		
Can you walk for 30 minutes		
Can you jog short distances		
Are you comfortable around horses		
Are you able to hold your arm at shoulder height & support modest weight		
Do you have any additional skills that may benefit our program (PT, PTA, LMT, MD, first aid, teacher, public speaking, carpentry, horse experience, etc) If yes, explain below		
How did you hear about NTRC?		
Current or Former Employer(s):		
I wish to volunteer because:		



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness and/or injury during the process of volunteering, while being on the property of the agency, I authorize **NAPLES THERAPEUTIC RIDING CENTER**, and its agents/representatives to:

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

Name:			
Phone:			
Address:			
Physician:			
Insurance Company:			
Policy #:		Group#:	
Insurance Phone #:			
Preferred Medical Facility:		NCH	North Collier
		Other:	

(Please realize that in a true emergency, transport will be to the nearest appropriate facility)

Emergency Contact Information:

Name: _____

Relationship: _____

_____	_____	_____
Home Phone	Cell Phone	Work Phone

CONSENT PLAN: (Circle One) I DO / I DO NOT consent to emergency medical treatment. This authorization includes x-ray, hospitalization, medication, and any treatment procedure deemed "life-saving" by the physician on duty. This provision will be invoked if the emergency contact is unable to be reached and the volunteer listed above is unable to make decisions for him/herself. If you DO NOT consent to emergency medical treatment, please indicate the procedures you wish to have followed in the event of an emergency _____

_____	_____	_____
Signature of Responsible Party	Printed Name	Date



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

EQUINE RELATED ACTIVITY RELEASE & HOLD HARMLESS AGREEMENT

KNOW ALL MEN BY THESE PRESENTS: That _____, (hereinafter referred to as "Volunteer/ Participant/Guest"), for and in consideration of participation in any Naples Therapeutic Riding Center, Inc. programs and presence on any NTRC property and for other good and valuable consideration in hand received by Volunteer/Participant/Guest, the receipt and adequacy of which are hereby acknowledged, does hereby RELEASE AND HOLD HARMLESS, Naples Therapeutic Riding Center a Florida nonprofit corporation, and it's successors and /or assigns, agents, principals, representatives and employees, (hereinafter collectively referred to as "NTRC") of and from all manner of action(s), cause(s) of action, suits, controversies, agreements, promises, damages, judgments, executions, claims and demands whatsoever, in law or in equity, which Rider/Volunteer/Participant has or may have in the future from the signing of this release until the end of such Volunteer/Participant/Guest's participation in an NTRC program or presence on NTRC property, and any claim past, present or future which any personal representative, successor, heir or assignee of said party hereafter can, shall or may have against NTRC for, upon or by reason of any matter, cause or thing whatsoever, from the time of Volunteer/Participant/Guest participation in any NTRC program or being present on any NTRC property until such time as Volunteer/Participant/Guest is not participating in any NTRC program or from a date forward that such Volunteer/Participant/Guest is not present on any NTRC property, such release and hold harmless of NTRC specifically includes, but not by way of limitation, the following:

- 1) All equine activities at the property owned by NTRC located on the southwest corner of the intersection of Center Street and Goodlette Road, Naples, Collier County, Florida, including, handling, care, grooming, leading and riding of horses and such activities as defined in Section 773.01, Florida Statutes, as amended from time to time; and all activities related to being in the presence of horses or on NTRC property;
- 2) Any and all rights or claims arising from, relating to, or in any way connected with the death or injury of any person participating in any equine activity sponsored by NTRC or death or injury of person occurring on NTRC property or claim for damage to any Volunteer/Participant/Guest's personal property brought upon any NTRC property by Volunteer/Participant/Guest.
- 3) Volunteer/Participant/Guest grants NTRC the right and authority to perform a background check on Volunteer/Participant/Guest in advance of Volunteer/Participant/Guest's participation in any NTRC activity or presence on NTRC property and NTRC may make future checks on background from time to time during the Volunteer/Participant/Guest's involvement in any NTRC program or presence on NTRC property. Volunteer/Participant/Guest releases NTRC from any claim, cause of action or damages based upon NTRC's authorized background check(s).
- 4) Any and all rights or claims arising from, relating to or in any way connected with the death or injury of a Volunteer/Participant/Guest who takes transport in any NTRC agent vehicle as part of a sponsored NTRC program occurring outside of the NTRC property.

WARNING

Under Chapter 773, Florida Statutes, an equine activity or sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

This Release further incorporates the immunity to volunteers of not-for-profit organizations who are acting within the scope of their responsibilities and who do not cause harm willfully or with wanton disregard for safety.

IN WITNESS WHEREOF, the undersigned executes this release

this _____ day of _____, 200_____



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

Release & Hold Harmless Agreement Continued:

Volunteer/Participant/Guest

Printed Name: _____

Address: _____

(Street)

(Apt/Ste)

(City)

(State)

(Zip)

Signature: _____ Date: _____

Email address: _____

Home Phone #: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____

Signature REQUIRED if Volunteer/Participant/Guest is:
UNDER THE AGE OF 18 or IF AN ADULT AND UNDER GUARDIANSHIP

Parent / Guardian Printed Name: _____

Signature: _____

Parent / Guardian Phone #: _____ Cell #: _____

Witness #1 Signature: _____ Printed Name: _____

Witness #2 Signature: _____ Printed Name: _____



Riding Center

206 Ridge Drive, Naples, Florida 34108

Phone: (239) 596-2988 / Fax: (239) 514-2908

Email: info@NTRC.org Web: www.NaplesTherapeuticRidingCenter.org

PHOTO RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Therapeutic Riding Center, Inc. permission to take or have taken, still and moving photographs and films including television pictures of _____ (print full name) and consents and authorizes Naples Therapeutic Riding Center its advertising agents, news media, and any other persons interested in Naples Therapeutic Riding Center its work, to the use and reproduction of the photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, website, social media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Therapeutic Riding Center to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

(Circle One) I DO / I DO NOT Consent

Dated this _____ day of _____, 20_____.

Signature _____

Signature of parent/guardian _____

NAME RELEASE FORM

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant(s) to the Naples Therapeutic Riding Center permission to use _____ 's (print full name) full name and consents and authorizes Naples Therapeutic Riding Center its advertising agents, news media, and any other persons interested in Naples Therapeutic Riding Center and or its work, to the use of her/his name with photographs, films and pictures without limit, the generality of the foregoing newspapers, television media, website, social media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention on Naples Therapeutic Riding Center to use or be in use or be used such photographs, films and pictures for the primary purpose of promotion and aiding its program and or its work.

(Circle One) I DO / I DO NOT Consent

Dated this _____ day of _____, 20_____.

Signature _____

Signature of parent/guardian _____

NTRC date received: _____

Staff Initials _____