



VOLUNTEER INFORMATION

1. GENERAL INFORMATION

Volunteer: _____ Date: _____

DOB: _____ Age: _____ Height: _____ Weight: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email address: _____

Best way to reach you: Email Cell (Voice) Cell (Text) Home Phone

Parent/Legal Guardian/Caregiver: _____

Address (if different from above): _____

Phone (if different from above): _____

2. MEDIA RELEASE

I DO DO NOT consent to and authorize the use and reproduction by Sprout Therapeutic Riding and Education Center of any and all photographs, any other audio/visual materials taken of me and/or my child, and any artwork produced by me and/or my child or other family members for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Participant (if 18 or older), Parent or Legal Guardian

3. CONFIDENTIALITY POLICY

I affirm that I have received a copy of the Sprout Therapeutic Riding & Education Center's Confidentiality Policy. I have read the Policy in its entirety and I understand the terms of the Policy and agree to observe it. I understand that all information (written and verbal) about participants at this PATH center is confidential and will not be shared with anyone without the express written consent of the participant and their parent/guardian in the case of a minor.

Signature: _____ Date: _____

4. TRANSPORTATION ARRANGEMENT (fill out all areas that apply)

My child has permission to leave the farm with the following people:

1. Name: _____ Relationship to Child: _____

Contact Numbers: _____

2. Name: _____ Relationship to Child: _____

Contact Numbers: _____

5. BACKGROUND INFORMATION

Have you ever been charged with or convicted of a crime or accused of misconduct involving a minor?

Yes No If yes, please explain: _____

Are you volunteering due to court ordered community service?

Yes No If yes, please explain: _____

Sprout places the greatest emphasis on a safe and secure environment for our students. In doing so, Sprout is committed to adhering to all PATH Intl., HIPPA, OSHA, federal, state and local regulations and standards for safety, business, agriculture and service.

Sprout contracts with an accredited member of the National Association of Professional Background Screeners that is also ISO Certified for both Information Security (ISO 27001) and Quality Management (ISO 9001) for the purposes of conducting background investigations on employees, board of director members, volunteers, or any other individual (over the age of 18) in a position to support the programs at Sprout.

I understand that I must pass a Background Investigation conducted by Employee Background Investigations Inc. before volunteering at Sprout.

Signature: _____ Date: _____

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

6. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of participating in events or programs held by Sprout Therapeutic Riding and Education Center, or while being on the property of Mustard Seed Stables, I authorize the Sprout Therapeutic Riding and Education Center staff to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. This authorization includes x-ray, surgery, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____
(Participant, Parent or Guardian)

Parent/Guardian Name: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____ Phone: _____

In the event that parents/guardians cannot be reached, please contact:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Date of Last Tetanus Shot: _____

Any Special Medical Conditions or Allergies: _____

SPROUT THERAPEUTIC RULES AND POLICIES

GENERAL POLICY:

1. Absolutely NO SMOKING on the premises.
2. Non-service dogs should not be brought to the center under any circumstance. Many students have service animals that need to work without distraction at our center.
3. Please schedule visits and barn tours for family and friends by emailing info@sproutcenter.org.
 1. Volunteers are to park to the far side of the facility along the indoor arena. Please keep the closer parking spaces outside the main entrance available for participants who require closer parking. And please drive slowly and be aware of oncoming vehicles, as our driveway is narrow.

OCCURRENCE POLICY:

1. Report any potentially unsafe condition to a Sprout staff member.
2. All accidents, injuries or hazardous conditions must be reported to a staff member as soon as possible. Sprout will file necessary insurance information and remedy situations in a timely manner.
3. We have a well-stocked medical kit. Please report any injuries to us so that we may attend to them. Even a scratch can become infected.
4. IF YOU HAVE ASTHMA, ALLERGIES OR ANOTHER SERIOUS CONDITION, please bring any medication that you might need during your time Sprout, along with instructions to our staff so that we could administer, if necessary. Any medical conditions should be listed on your Medical Consent form.

HORSE POLICY:

2. Our horses are here to work and should be respected.
3. Be aware that horses are most easily scared by sudden movements or loud noises, particularly outside of their field of vision. Avoid approaching horses from the rear where they may not see you. Most horses are used to being approached towards their left shoulder. Announce your presence and put your hand on the horse's neck or shoulder so he knows where you are.
4. No hand feeding. Use a feed bucket for feeding or treats, even carrots.
5. Do not enter a stall containing a horse unless you are authorized to do so.
6. Sprout horses are here for our riders/drivers – volunteers are not to ride horses unless they have signed up for volunteer lessons with Sprout staff (which are offered from time to time during our less busy sessions).

APPAREL POLICY:

1. Wear closed-toe shoes – boots are ideal but not necessary.
2. Dress in layers that you can shed as you exercise, especially during cooler months. During the summer months, be sure to dress coolly and bring water with you.
3. As mentors and leaders all clothing should be neat and appearance presentable. When possible, please wear clothing without logos.
4. Dangling jewelry is considered unsafe. For the sensitivity of our riders, revealing clothing (tank tops, exposed belly shirts, low cut shirts, tight clothing, shorts and/or see through clothing) should NOT be worn.

COMMUNICATION POLICY:

1. The instructor is ultimately responsible for each rider, horse and volunteers.
2. All directions should come from the instructor, including the assignment of riders, horses and volunteers, the time and method of mounting, and the structure of lesson plans.
3. Unless notified otherwise, all volunteers must defer to the instructor's decisions.
4. If, at any time, you are unclear regarding your volunteer role or responsibilities, please direct questions to the instructor, program staff or an experienced volunteer.

CELL PHONE POLICY:

1. Silence cell phones and other devices while at Sprout.
2. Never divert your attention to a cell phone during a lesson or when in the arena.
3. Only use cell phones for essential needs when at Sprout.

SOCIAL MEDIA POLICY:

1. All of Sprout's policies remain in effect when using social media. Volunteers who violate Sprout's policies will be subject to discipline, up to and including termination.
2. Protect the privacy of clients and confidential organization information. Do not post pictures, stories or information about our facility, horses, clients, volunteers or Sprout employees as stated in Sprout's Confidentiality Agreement.

RISK MANAGEMENT POLICY:

1. Volunteers are responsible for knowing and following all safety rules, emergency policies and procedures as indicated, supporting all efforts to promote safe working conditions, making full use of safety equipment, reporting immediately any unsafe working conditions or behaviors, and knowing the location of first aid kits, fire extinguishers, emergency exits and emergency plans.
2. In all emergencies, the instructor is responsible for incident management and must assess the situation, and apply any first-aid needed. No persons are to enter or leave the arena without direction from the instructor. If further assistance is needed, the instructor will designate a person to call 911 – telling the dispatcher the center location, what happened, and any information about the person's condition. Emergency information (emergency phone numbers, the center's address, etc.) are posted next to the first aid kits and in the classroom.

TERMINATION POLICY:

1. Sprout's policies and rules have been developed to serve the best interests of the entire Sprout community. Safety, confidentiality, respect for each other – human and equine – and the preservation of an optimal environment for beneficial therapeutic riding are the primary reasons for strict adherence to these rules.
2. Individuals who fail to observe the rules and procedures of the program will be given an opportunity to discuss any situation that is perceived to be a violation of Sprout policies and may be provided with job re-assignment.
3. Sprout reserves the right to determine that it may be in the best interest of the program to terminate a volunteer's involvement with the program

I have read these rules and agreed to follow them. The Volunteer Coordinator has gone over it and has answered any question that I may have.

Signed

Date

Please Answer the Following Questions...

Name: _____

What would you like to gain from your experience at the Sprout?

Do you have any experience with horses? If yes, explain briefly:

Do you have experience working with people with disabilities? If yes, explain briefly:

Do you hold any pertinent Certifications such as, First Aid, CPR, AED, etc? Please list certifications and expiration dates. If possible, please provide us with a copy of your card for your file.

Lesson volunteers either lead the horse or walk beside the horse to assist a rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you?

List any previous type of volunteer experience (i.e. lesson, office, fundraising or committee involvement):

How did you hear about Sprout?

Do you need volunteer hours for another organization (school, work, scouts, etc.)? Which organization? How do you turn in your hours - supervisor signature, formal letter, copy of sign in sheet, etc.?

ACTIVITY LIABILITY RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS AGREEMENT

NOTICE: Please read this Agreement before signing. Signing this Agreement affirms that you have read it and understand it in its entirety.

The Equine Activity Liability Act of the Commonwealth of Virginia, VA. Code Ann. § 3.2 6200 et.seq. (the "Act"), states among its statutory provisions that "Intrinsic dangers in equine activities, include (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability." The Act further provides for participants and their parents, guardians, or representatives to assume all risks and waive any claim against or recovery from any "equine activity sponsor," "equine professional," or any other person for injury, loss, damage, or death of a participant resulting from any of the intrinsic dangers of equine activities."

BY SIGNING THIS AGREEMENT, YOU AGREE THAT YOU HAVE (I) FULLY READ AND FULLY UNDERSTAND THIS RELEASE, WAIVER OF RIGHT TO SUE AND ASSUMPTION OF ALL RISKS, (II) HAVE CONSULTED AND RELIED UPON YOUR OWN ADVISORS ON ALL QUESTIONS IN CONNECTION HEREWITH, (III) HAVE NOT RELIED UPON THE SPONSOR/PROFESSIONAL OR ANY OWNER FOR ANY ADVICE OR EXPLANATION IN CONNECTION HEREWITH, (IV) ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE AND OTHER ACTIVITIES ON MUSTARD SEED STABLES, AND (V) DETERMINED THAT THE POSSIBLE BENEFITS TO MYSELF/MINOR CHILD ARE GREATER THAN THE RISKS ASSUMED.

Sprout Therapeutic Riding and Education Center, Inc. ("Sprout"), is a non-profit entity providing horseback riding and other activities for individuals with and without disabilities. Mustard Seed Stables, LLC (property owners) are "equine activity sponsors" and/or "equine professionals" within the meaning of the Act, and together with their respective officers, directors, board members, agents, owners, employees, representatives, successors, and assigns are herein individually and collectively referred to as the "Released Parties". Other activities that may be conducted by one or more of the Released Parties may include (a) hippotherapy and therapeutic riding programs, animal assisted therapy and horticultural and other farm related activities, in each case, for individuals with and without disabilities, (b) educating the public by raising awareness about the special needs of individuals with disabilities (c) creating and providing fun and memorable instruction in a farm environment for children and adults in order to stimulate curiosity and inspire learning. By signing this Agreement, you agree, on your own behalf and on behalf of your minor participants to release and waive all rights for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now or in the future have against any of the Released Parties on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor, and the treatment thereof, as a result or, or in any way growing out of the acts of any of the Released Parties, including but not limited to their negligence or gross negligence, in providing services and/or activities above described or in any way incidental thereto, and you assume all risks in connection therewith.

Additional terms and conditions:

1. This Agreement is given in part under the Virginia Equine Activity Liability Act (Code of Virginia 3.2 6200 et seq.) as it may now provide or be hereafter amended (the "Act"). All terms defined by the Act shall have the same meaning herein, and the Act is hereby incorporated in this Agreement by reference. This Agreement shall be so construed as to provide to the Released Parties the fullest protection of a release, waiver of right to sue and assumption of all risks, which is afforded by the Act and by general law.
2. All pronouns shall be construed to include the masculine, feminine or neuter as well as the plural or singular, as may be appropriate to facilitate the construction of this Agreement in the light of the facts presented.
3. The party executing this Agreement, on his own behalf and on behalf of his minors (such person(s) are sometimes herein referred to as a "participant"), hereby acknowledges that he has full and complete notice and understanding of the Act and of all the risks inherent in equine activities which may cause, contribute to or result

Please Initial

in the death or personal injury of the participant or damage to the participant's property (the "Risks"), including, but not limited to: (i) the propensity of an equine to behave in dangerous ways or to trip and/or fall; (ii) the inability of anyone whomsoever to predict or foresee an equine's reaction to excitement, weather conditions, sound, movements, objects, persons, animals, reptiles, birds or insects, and the effects of such reaction; (iii) the hazards of surface or subsurface conditions, including but not limited to objects or conditions on, under or protruding from the surface, both latent and patent; (iv) the hazards which rocks, cliffs, hills, fences, trees, stumps, logs, bridges, ditches and other debris and obstacles, and any equine activity in connection therewith, may foreseeably or unforeseeably present; (v) the dangers and risks of tack or harness slipping or breaking for whatever reason; (vi) the dangers and risks of becoming entangled in tack, harness, or vehicles used in an equine activity; (vii) the risks of falling from or otherwise becoming unstable on an equine or a vehicle used in an equine activity for any reason whatsoever or for no identifiable reason; (viii) the dangers of being struck by an equine, by a rider or by a hound; (ix) any negligent act or omission by any of the Released Parties which causes or results in the death or personal injury of the participant or damage to the participant's property; and all other risks associated with horseback riding, ground work and all related activities.

4. The participant hereby RELEASES and WAIVES all rights which he may have or hereafter against all of the Released Parties for death, personal injury or property damage which is in any way associated with the Risks; he does hereby WAIVE his right to sue or bring any action against all of the Released Parties in connection therewith; he agrees to INDEMNIFY and DEFEND the Released Parties from and to HOLD the Released Parties HARMLESS against any such suit or action; and he hereby expressly ASSUMES ALL RISKS AND DANGERS of death, personal injury and property damage which are in any way associated with the Risks enumerated in paragraph 3, above.

5. The participant hereby authorizes and consents to any emergency, medical care that may at the time appear reasonably appropriate under the circumstances as a result of injury or sickness caused by or incurred in the course of any activity while on the Farm, including, any equine activity.

6. This Agreement shall remain valid and in full force and effect from and after the date opposite the signature of the participant until expressly revoked by the participant in a written notice personally delivered to Sprout, Stables and the Property Owner.

7. To the extent possible, this Agreement shall be construed in such a manner as will render it, and each provision of it, fully enforceable; but if any provision of this Agreement shall be unenforceable, such provision (or so much thereof as is unenforceable) shall be deleted and the remainder of this Agreement shall continue in full force and effect.

8. If this Agreement is executed by the undersigned participant for an on behalf of a minor participant named below; the undersigned participant hereby warrants and represents that he is in fact the legal parent or guardian of such minor, with full rights of custody and control; that this Agreement is given on behalf of and is intended to be binding upon said minor participant, his heirs, personal representatives, successors and assigns; and the undersigned participant further agrees that this Agreement shall also be as fully binding on the undersigned participant as if it were entered solely on his own behalf.

9. This Agreement shall be binding upon the heirs, personal representatives, successors, and assigns of the participant.

PARTICIPANT NAME: _____ **DATE** _____

18 OR OLDER: PARTICIPANT/AUTHORIZED REPRESENTATIVE SIGNATURE: _____

IF UNDER 18 LEGAL GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE: _____

TELEPHONE _____ **ADDRESS** _____ **EMAIL:** _____