☐ Orientation Date: _____ ☐ Side walker Date: _____ ☐ Grooming Date: _____ ☐ Leader Date: _____ ☐ Background Check Date: _____

Our Mission:
Special Equestrians of the Treasure Coast fosters personal achievement through equine assisted activities for individuals with special needs in a safe and stimulating environment.

Volunteer Application

Therapeutic Riding Facility

Please complete all applicable sections so we can match volunteers with safe, appropriate roles.

Applicant Information

Full Name: _____ Date of Birth: _____
Address: _____ City/State/ZIP: _____
Primary Phone: _____ Email: _____
Employer/School: _____
Preferred Contact Method: ☐ Phone ☐ Text ☐ Email
Occupation/Area of Study: _____ How did you hear about us? _____

Volunteer Interests and Availability

Areas of Interest	Availability
☐ Side walker ☐ Horse Leader ☐ Barn/Stable Help ☐ Grooming ☐ Facility Maintenance ☐ Office/Admin ☐ Events/Fundraising ☐ Photography/Media ☐ Other:	Days/Times Available: Preferred number of hours per week: Can you commit to a regular weekly schedule? ☐ Yes ☐ No ☐ Unsure

Experience and Skills

Experience with persons with disabilities: Describe any personal, volunteer, professional, educational, or caregiving experience.

_____

Horse experience: ☐ None ☐ Beginner ☐ Intermediate ☐ Advanced. Describe riding, handling, grooming, tacking, leading, feeding, or stable care experience.

_____

_____

Other skills/training: List languages, teaching/coaching, healthcare, adaptive recreation, office, maintenance, or other relevant skills.

_____

Emergency Contact Information

Primary Emergency Contact

Name: _____ Relationship: _____ Phone/Email: _____

Secondary Emergency Contact

Name: _____ Relationship: _____ Phone/Email: _____
Physician/Clinic Name: _____ Phone: _____
Preferred Hospital/Notes: _____
Medical emergency authorization: ☐ I consent ☐ I decline. If I consent, I authorize the facility to seek emergency medical treatment if needed and to contact the emergency contacts listed above.

Certifications and Training

Training/Certification	Status	Expiration Date or Notes
CPR / First Aid / AED	☐ Current ☐ Expired ☐ Not certified	

Health, Safety, and Physical Considerations

Please list any health concerns, allergies, physical restrictions, or accommodations we should know about while you volunteer.

_____

Are you able to work safely around horses and riders, including walking on uneven surfaces and standing for extended periods? ☐ Yes ☐ No

_____

Release Agreements and Consent

☐ I agree to follow all facility safety rules, volunteer instructions, horse-handling procedures, and emergency protocols.

☐ I understand that volunteer placement may depend on training, availability, experience, physical requirements, background screening, and program needs.

☐ I consent to a background check and understand that volunteer placement may depend on the results, program needs, and facility policies.

Liability

The undersigned, for good and valuable consideration received from or on behalf of Special Equestrians of the Treasure Coast, Inc. the receipt and sufficiency of which is hereby knowingly and voluntarily remise, release, acquit, satisfy and forever discharge, agree to indemnify and defend, covenant not to sue and waive any right to sue or bring a claim against, and hold harmless Special Equestrians of the Treasure Coast, Inc., the owner of any horse used in equine activities, and its and/or their officers, directors, trustees, agents, employees, representatives, successors and assigns (collectively "SETC"), of and from any and all manner of action and actions, causes and causes of action, suits, debts, dues, sums of money, accounts, reckonings, bonds, bills, specialties, covenants, contracts, controversies, agreements, promises, variances, trespasses, damages, judgments, executions, claims, benefits, expenses (including attorney's fees and court costs), rights and demands whatsoever, in law or in equity, of whatever nature or kind, known or unknown, which the undersigned may now, or in the future, have against SETC on account of any personal injury, physical or mental condition or any other damage, known or unknown, to the undersigned and the treatment thereof, as a result of, or in any way growing out of the acts of SETC, including, but not limited to their negligence or gross negligence or as a result of any other action or activity engaged in by the undersigned in any way involving relationship with the Special Equestrians of the Treasure Coast.

News and Photos

The undersigned hereby grants to SETC, permission to take or have taken still and moving photographs and films, including television pictures of myself/son/daughter/spouse. I consent and authorize SETC to use and reproduce the photographs, films, pictures, and to circulate and publicize the same by all means, including without limiting media, brochures, pamphlets, instructional material, books, clinical material, newspapers, magazines, and the internet.

With respect to the foregoing matters, no inducements or promises have been made to us/me to secure my signature(s) to this release other than the intention of SETC to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding SETC and its work.

Confidentiality

Any information in regard to the participants at SETC must be held in strict confidentiality. Confidentiality is defined as "told in secret or private relations; trusted." Please respect the dignity and privacy of our clients and their families. I agree to keep students' names, ages, diagnoses and any other medical or personal information confidential. Your signature below confirms that you will abide by this policy.

Warning: Under Florida law (F.S. 773.02), an equine activity sponsor or equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

Applicant: _____ Date: _____
(Signature & Print)

Signature: _____ Date: _____
(Parent/Guardian if under 18)