

Whisper Hill Clydesdales Special Needs Foundation Volunteer Registration

Date: _____ New or Returning Volunteer? _____ List Year Started with WHC? _____

Name: _____ Height: _____ Birth date: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Work Phone: _____

Home Email: _____ Your Employer: _____

Name of Spouse: _____ Spouse Employer: _____

If under 18 years of age, complete the following:

Name of School: _____ Home Phone: _____

Name of Parent or Guardian: _____ Parent or Guardian's Employer: _____

Address: _____ Work Phone: _____

City, State, Zip: _____

Other Responsible Person: _____ Spouse Employer: _____

Phone: _____ Work Phone: _____

How Did You Hear About WHC? (Circle One)

Newspaper Radio/TV Poster Friend Another Volunteer Meeting
 Relative of a Rider Volunteer Fair Other: _____

Check Those Areas in Which You May Have Experience or An Interest In:

Experience	Interest	Experience	Interest
<input type="checkbox"/>	<input type="checkbox"/> Side Walking	<input type="checkbox"/>	<input type="checkbox"/> Petting Zoo
<input type="checkbox"/>	<input type="checkbox"/> Horse Handling	<input type="checkbox"/>	<input type="checkbox"/> Video Taping
<input type="checkbox"/>	<input type="checkbox"/> Newsletter (Desktop Publishing)	<input type="checkbox"/>	<input type="checkbox"/> Craft Work
<input type="checkbox"/>	<input type="checkbox"/> Newsletter (folding, taping, etc.)	<input type="checkbox"/>	<input type="checkbox"/> Prepare food for events
<input type="checkbox"/>	<input type="checkbox"/> Assist with craft or food booths	<input type="checkbox"/>	<input type="checkbox"/> Typing
<input type="checkbox"/>	<input type="checkbox"/> Special Project Committees	<input type="checkbox"/>	<input type="checkbox"/> Grant Writing
<input type="checkbox"/>	<input type="checkbox"/> Training or Mentoring new volunteers	<input type="checkbox"/>	<input type="checkbox"/> Board Meetings
<input type="checkbox"/>	<input type="checkbox"/> Telephone Calling	<input type="checkbox"/>	<input type="checkbox"/> Making Posters
<input type="checkbox"/>	<input type="checkbox"/> Facility Maintenance (buildings & grounds)	<input type="checkbox"/>	<input type="checkbox"/> Tack Cleaning
<input type="checkbox"/>	<input type="checkbox"/> Volunteer Committee	<input type="checkbox"/>	<input type="checkbox"/> Carpentry (build/repair)
		<input type="checkbox"/>	<input type="checkbox"/> Photography

Other Talents You Would Like to Share with WHC:

Please use the back of this form to tell us anything else we should know about you, such as previous experience with horses, experience with special needs people, community affiliations or clubs, etc.

Whisper Hill Clydesdales Special Needs Foundation
Liability Release / Photo Release / Emergency Medical Treatment

PARENT OR GUARDIAN SIGNATURE IS REQUIRED FOR ANY PARTICIPANT UNDER AGE OF 18.

Wisconsin State Statues Sec. 95.481

Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1) (e) of the Wisconsin State Statues.

LIABILITY RELEASE: I / my child / my ward would like to participate in the WHC Program. I acknowledge the risks and hazardous nature of horse activities and horseback riding. However, I feel that the possible benefits 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 WHC, its Board of Directors, instructors, therapists, aides, volunteers, horse owners, and/or employees, stable property owners for any and all injuries and/or losses that I / my child / my ward may sustain while traveling to or from, or participating in any WHC activities.

Signature: _____ Date: _____
Parent or Guardian: _____ Date: _____

PHOTO RELEASE: I hereby consent to and authorize the use and reproduction by WHC of any and all photographs and any other audiovisual materials taken of me / my child / my ward for promotional printed material, educational activities, or for any other use for the benefit of the program.

Signature: _____ Date: _____
Parent or Guardian: _____ Date: _____

EMERGENCY MEDICAL TREATMENT: In the event that emergency medical aid or treatment is required due to illness or injury during the process of participation in any WHC activity. I authorize WHC to provide such medical assistance as determined necessary including, but not limited to, providing and/or retaining medical treatment and transportation if needed and releasing all records upon request to the authorized individuals or agencies involved in the medical emergency.

Consent Plan: This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed necessary by any licensed physician and/or medical facility. Describe any medications and /or precautions:

Signature: _____ Date: _____
Parent or Guardian: _____ Date: _____

SIGN BELOW ONLY IF YOU DO NOT WANT EMERGENCY MEDICAL TREATMENT.

Non-Consent Plan: I do NOT give consent for emergency medical treatment or aid. In the event emergency treatment or aid is required, I wish the following procedure to take place:

Signature: _____ Date: _____
Parent or Guardian: _____ Date: _____

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ PHONE: _____
SPOUSE/PARENT OR GUARDIAN: _____ PHONE: _____
OTHER EMERGENCY CONTACT: _____ PHONE: _____
NAME OF PHYSICIAN: _____ PHONE: _____
PREFERRED MEDICAL FACILITY: _____ PHONE: _____
HEALTH INSURANCE COMPANY: _____ I.D. NUMBER: _____

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Expectations of WHC Volunteer and Staff

To ensure a safe environment while engaging in therapeutic interaction with horses as stated in the WHC Mission Statement, I acknowledge the expectation required of WHC volunteer and staff. I am aware that disregarding any one of these expectations will result in first a warning, second a reprimand, and if a third time occurs, dismissal from WHC.

- Safety is to be the top priority whether grooming, tacking the horses, side walking or handling the horses in or outside of class time.
- Listen to and obey the instructor.
- Following the posted barn rules which include but is not limited to:
 - No smoking
 - No running or yelling
 - No “horse play”
 - No hand feeding the horses
- Follow Dress Code for personal safety and professionalism.
- Be courteous and work as a team member. This includes:
 - Speaking positively about WHC personnel, volunteers, and participants
 - Understanding the role of Side Walker vs. Horse Handler
 - Asking questions when not fully understanding what is needed
 - Arriving in a punctual manner
 - Contacting an appropriate substitute when a conflict arises that would cause unavailability.

Signature: _____ Date: _____

Volunteer Confidentiality Statement

Divulging confidential information concerning any information of a sensitive nature to an unauthorized person is grounds for immediate discharge. We ask that you practice loyalty to the riders, their families, and to each other.

I am fully aware of WHC serves children and adults who area challenged with various disabilities, including but not limited to mental and physical disabilities, mental illness, dependency issues, depression, anxiety, and more.

Information about a participant’s condition, care, treatment, personal affairs and records are confidential. It may not be discusses with anyone except physicians, therapists, employees, or volunteers, who are responsible for the participant’s care, unless the participants, their parents or guardian release of information or unless compelled by law to do so. Carelessness or thoughtlessness leading to the release of student information may result in immediate dismissal.

Signature: _____ Date: _____

Honesty Acknowledgment Statement

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have, and will, provide information, throughout the selection process, on this volunteer application and in interview with WHC that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that misrepresentation or omissions may be cause for immediate rejection of my application for a volunteer position with WHC or termination as a volunteer.

Signature: _____ Date: _____