



ATS VOLUNTEER APPLICATION 2018

Please print legibly

Date: _____ **Birthday:** _____ **Height:** _____

Name: _____
Last First Middle

Email: _____

Do you have a Facebook account? Please like our Volunteer Page: www.facebook.com/ATSvolunteers

Address: _____

City, State, Zip: _____

Phone: Cell _____ Home _____ Work _____

Employer or School: _____ **Title/Department:** _____

Parent/Guardian Name

Parent/Guardian Phone Number

(If Volunteer is under 18 years old)

**** PATH Intl and ATS mandates that Volunteers be at least 14 years old ****

Experienced Horseperson: **Yes** **No**

Please describe your experience including number of years riding, discipline and whether or not you are currently actively riding.

FOR ATS USE ONLY

<input type="checkbox"/> Background Check Consent Pass Fail <input type="checkbox"/> Emergency Medical Consent Yes No S <input type="checkbox"/> Statement of Understanding S <input type="checkbox"/> Photo Release Consent Yes No S <input type="checkbox"/> Confidentiality Agreement <input type="checkbox"/> Social Media Policy <input type="checkbox"/> Sub List Yes No <input type="checkbox"/> Volunteer Manual & Supplement	<input type="checkbox"/> Referrals Checked <input type="checkbox"/> Attended Volunteer Training _____ <input type="checkbox"/> Email List Date <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Mail Chimp – Volunteer List <input type="checkbox"/> Mail Chimp – Newsletter <input type="checkbox"/> Added to Volunteer Hours Binder & Log
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Please bring the completed Volunteer Application (8 pages total) to your first scheduled day.
Questions may be addressed to: Autumn Trails Stable • 2000 Folk Ream Road, Springfield, OH 45502
volunteer@autumntrailsstable.com • (937)536-9912



CONSENT FOR BACKGROUND CHECK & REFERENCE 2018

ATS Volunteers work directly with our students. It is therefore important to ATS that our volunteers are properly screened. We appreciate your cooperation with this new policy as we continue to make improvements to our programming.

Volunteer Name: _____
Last First Middle

Have you ever been charged with or convicted of a crime other than minor traffic violations? Yes___No___
If yes, please give place, date, and charge:

(Please note: a conviction record will not necessarily disqualify an applicant. It will be considered as it relates to the specifics of the position for which you are applying.)

It is our intent to provide equal opportunity to all ATS Volunteers in all terms, privileges, and conditions without regard to race, gender, religion, national origin, disability, sexual orientation or any other factor.

Authorization for Background Check

I, _____ (Volunteer), authorize Autumn Trails Stable (ATS) 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. By signing this application, I affirm that the facts set forth in it are true, accurate and complete. I understand that a comprehensive background check will be conducted prior to my volunteering with ATS. I understand that if I am accepted as a ATS Volunteer, any false statements, omissions or other misrepresentations made by me on this application and/or other official documents may result in my immediate disqualification and/or dismissal. I understand that I am making a volunteer service commitment to ATS. If appointed, I agree to read the Volunteer Manual, complete all training required, and fulfill the assignments to which I have committed.

Signature: _____ **Date:** _____

Maiden Name if Applicable _____
Current Address/Number of Years _____
Previous Address/Number of Years _____
Current Driver's License (Y / N) License Number: _____ State: _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Consent for Background Check. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____



REFERENCES

2018

Volunteer Name: _____
Last First Middle

1st Reference Name: _____

Phone or Email: _____

Relationship: _____

2nd Reference Name: _____

Phone or Email: _____

Relationship: _____

FOR ATS STAFF USE

Background Check

OHIO:

- MRDD Abuser Registry
- Sex Offender Registry
- Dept of Rehabilitation & Corrections
- Nurse Aide Registry

NATIONAL:

- OIG – Dept of Health & Human Services
- Sex Offender Registry (NSOPW)
- SAM

NOTES: _____



CONSENT FOR EMERGENCY MEDICAL TREATMENT 2018

Volunteer Name: _____
Last First Middle

Parent/Guardian: _____
(if under 18) Last First Middle

Address: _____ City, State, Zip: _____

Phone: Cell _____ Work: _____

Emergency Contact

In case of emergency notify: _____ Phone _____
Name/Relationship

_____ Phone _____
Name/Relationship

Physician: _____ Phone: _____

Preferred Medical Facility: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage:

Please list all known allergies: _____

Insurance Carrier: _____ Policy Number: _____

Consent for Emergency Medical Treatment

I, _____ (Volunteer), am over 18 years of age and fully competent to sign this Emergency Medical Form, which I have read and understand, or, if under age, Volunteer has obtained the signature of his/her parent/guardian, who, by such signature, represents he/she has read and understands this form. In case of medical emergency or necessity, "Volunteer" authorizes ATS to seek or provide for Volunteer such medical assistance as may be necessary or advisable and further authorizes ATS to seek the assistance of any physician or medical facility to provide any medical/surgical care, including, but not limited to, hospitalization, with such treatment to include anesthesia as necessary or advisable, that the physician or medical facility deems or determines to be necessary or advisable, pending receipt by the physician or medical facility of any other consent to treatment from or on behalf of Volunteer. Volunteer understands that NO LIABILITY can be accepted by any of the organizations concerned, including ATS, in the event such accident may occur. In the event any provision of this form is determined to be unenforceable, all other provisions shall remain in full force and effect.

Signature: _____ **Date:** _____

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



STATEMENT OF UNDERSTANDING, AUTHORIZATION RELEASE AND INDEMNITY

I, the undersigned (“Volunteer”), am over 18 years of age and fully competent to make this Statement of Understanding, Authorization, Release and Indemnity (“Statement”), which I have read and understand. I understand the information I have provided may be verified and permit the Autumn Trail Stable (ATS) to inquire of others concerning my suitability as a volunteer. In the course of volunteering, I may deal with confidential information and agree to keep said information in the strictest confidence. The relationship between ATS and me is an “at will” arrangement and may be terminated at any time, without cause, by either ATS or me. I understand that, as a volunteer, I will assist in the riding and instruction of mentally or physically challenged riders, and that I will work with and around horses, as well as riders. I understand that I cannot serve as a volunteer until this statement has been signed. In return for the opportunity to serve as a volunteer with ATS, I hereby forever release, acquit and discharge ATS and its officers, directors, trustees, agents, employees, representatives, affiliates, successors and assigns (collectively the “Released and Indemnified Parties”) from any and all claims, demands and causes of action of any and every kind or nature, including those caused in whole or in part by the negligence of any of the Released and Indemnified Parties, which I man now or in the future have against any or all of the released and Indemnified Parties and that arise in whole or in part as a result of my involvement with ATS. I also understand and agree that ATS assumes no liability for accidents or acts of negligence or gross negligence by anyone, including the Released and Indemnified Parties. I further agree to fully indemnify and defend any of the Released and Indemnified Parties against any and all claims, demands or causes of action of any and every kind or nature (including attorney’s fees and other defense costs), including those caused in whole or in part by the negligence of any or all of the Released and Indemnified Parties, which directly or indirectly relate to personal injuries or property damages sustained by me and that arise in whole or in part as a unenforceable, all other provisions shall remain in full force and effect.

Volunteer Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing information. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____

Ohio Statement of Inherent Risks:

Inherent risk of an “equine activity” means a danger or condition that is an integral part of an equine activity, including, but not limited to, any of the following:

- A. The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- B. The unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- C. Hazards, including, but not limited to, surface or subsurface conditions;
- D. Collision with another equine, another animal, a person, or an object;
- E. The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Volunteer Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Ohio Statement of Inherent Risks. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____



PHOTO RELEASE, CONFIDENTIALITY CONTRACT & SOCIAL MEDIA POLICY 2018

Photo Release

I DO

I DO NOT

consent to and authorize the use and reproduction by ATS of any and all photographs and any audio-visual materials taken of me for promotional material, educational activities, exhibitions and digital displays or for any other use for the benefit of the program. With respect to the foregoing matters, no inducements or promises have been made to secure this signature to this release other than the intention of ATS to use, or cause to be used, such photographs, films, and pictures for the primary purpose of promoting ATS and its work.

Volunteer Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Photo Release. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____

ATS Confidentiality Contract

As an ATS volunteer, I understand that any information regarding a student and the student's family is to remain confidential. This refers the student's progress as well as personal information. In addition, I will immediately report to the instructor/program director any sensitive information relayed to me concerning the student(s).

Volunteer Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Confidentiality Contract. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____

Social Media Policy

In the area of social media (print, broadcast, digital and online), the following guidelines apply in the use of social media for our volunteers:

1. Should you decide to create a personal blog or website, be sure to provide a clear disclaimer that the views expressed in the blog are the author's alone and do not represent the views of Autumn Trails Stable.
2. All information published on any volunteer blog should comply with ATS's confidentiality policy. This also applies to comments posted on other social networking sites, blogs and forums.
3. Your online presence can reflect on ATS. Be aware that your comments, posts or actions captured via digital or film images can affect the image of ATS.
4. Do not use any ATS logos or trademarks without written consent.

I hereby confirm that I have read and understand the Social Media policy of Autumn Trail Stable.

Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree to and accept all of the provisions of the foregoing Social Media Policy. I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____



VOLUNTEER MANUAL 2018

It is important to ATS that our volunteers understand the duties that go along with being an ATS volunteer. The ATS Volunteer Manual and its supplements contain all of the information, policies, and procedures you will need to know to be the best volunteer you can, in a safe and effective manner. Please read through the online version of our manual, which can be found on our website (<http://www.autumntrailsstable.com/volunteers.html>), before you attend your volunteer training. This will give you a better idea of what to expect when you first arrive at the barn.

I have read through the online Volunteer Manual.

Signature: _____ **Date:** _____

I represent to ATS that I am the parent or guardian of the Applicant whose signature appears above. On behalf of the Applicant, I agree that I have read and understand the Volunteer Manual(s). I am authorized to sign this Statement on behalf of the Applicant and my doing so legally binds the Applicant as if he or she were not a minor.

Signature of Parent/Guardian: _____ **Date:** _____

How did you hear about ATS?



Don't forget to like our ATS Volunteer Facebook page at www.facebook.com/ATSvolunteers to stay up to date on upcoming events and opportunities!