

(For Strides Use Only)

Orientation _____ Date _____
Volunteer Training Date _____
Volunteer Training Date _____
Volunteer Training Date _____



1350 Terry Drive
Plainfield, IN 46168
Phone: 317-838-7002
Fax: 317-838-7024
Email: volunteer@StridestoSuccess.org
Website: www.StridestoSuccess.org

Volunteer Application

All Strides to Success Volunteers must be at least 14 years old.

Today's Date _____

Volunteer Contact Information

Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip Code _____
Employer _____ School _____ Person in Charge _____
Date of Birth _____ Age _____ Gender _____

Home Phone _____ Cell Phone _____ Work Phone _____
 E-mail _____ Other _____

*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

Parents/Guardians Contact Information (Both Names are Required)

Father/Legal Guardian: Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____
 E-mail _____ Other _____

*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

Mother/Legal Guardian: Last Name _____ First Name _____
Street Address _____
City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____
 E-mail _____ Other _____

*Also, please indicate (by check box) the **BEST** way to contact you (in case of class cancellation, etc.).

Authorization for Emergency Medical Treatment to Volunteer

Physician Name _____ Preferred Medical Facility _____
Health Insurance Co. _____ Policy # _____ Ins. Phone # _____

Current Medications: _____

Allergies to Medications: _____

Emergency Contact Person:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while being on the property of Strides to Success, I authorize Strides to Success to:

1. Secure and retain medical treatment and transportation if needed.
2. Release volunteer records upon request to the medical team providing treatment.

Consent Plan (If under 18: Both Parent/Guardian Signatures Required)

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure thought to be "life-saving" by the physician. This consent will only be used if Strides to Success is unable to reach the emergency contact person.

Consent Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Consent Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Non-Consent Plan (If under 18: Both Parent/Guardian Signatures Required)

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Strides to Success.

Non-Consent Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Non-Consent Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Liability Release (If under 18: Both Parent/Guardian Signatures Required)

I, _____ (Name) as a volunteer at Strides to Success, Inc., acknowledge the risks and potential for risks of horseback riding and related equine activities, including grievous bodily harm. However, I feel that the possible benefits to me and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, executors, and administrators, waive and release forever all claims for damages any against Strides to Success, Inc., its Board of Directors, Instructors, Therapists, Aides Volunteers, Riders, Property Owners and/or Employees for any and all injuries and/or losses I may sustain, while on the property or participating in the Program, from whatever cause including but not limited to the negligence of these released parties.

The undersigned acknowledges that he/she has read the Registration and Release Form in its entirety; that he/she understands the terms of the release and has signed this release voluntarily and with full knowledge of the effect thereof.

Volunteer Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Volunteer Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Confidentiality and Non-Disclosure Agreement (If under 18: Both Parent/Guardian Signatures Required)

Strides to Success, Inc. and _____ (Name) wish to enter into this Confidentiality and Non-Disclosure Agreement. With the understanding that any information that said person is provided in relation to staff, client, and overall company business in regard to Strides to Success is to remain in confidence.

All written and oral information and materials disclosed or provided by Strides to Success, Inc. under this agreement is Confidential Information regardless of whether it was provided before or after the date of this Agreement or how it was provided.

In signing this Agreement said person understands that any information that is not kept in confidence may be directly or indirectly detrimental to Strides to Success, Inc. or any of its affiliates.

The obligation to ensure and protect the confidentiality of the Confidentiality Information imposed upon _____ (Name) in this Agreement, and any obligations to provide notice under this Agreement, will survive the expiration or termination as the care may be of this Agreement.

Volunteer Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Volunteer Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Photo and Media Release (If under 18: Both Parent/Guardian Signatures Required)

I consent to and authorize the use and reproduction by Strides to Success, Inc. of any and all photograph and any other audio-visual materials taken of me for promotional material, educational activities, website, or for any other use for the benefit of the program.

Consent Non-Consent

***Please indicate preference**

Volunteer Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Volunteer Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Background Check for Volunteering (If under 18: Both Parent/Guardian Signatures Required)

Volunteer's Legal Name _____

Maiden Name or other names use _____

Date of Birth _____ Social Security # _____

I hereby authorize Strides to Success, Inc. to conduct a limited criminal history check on me through any law enforcement agency. I understand this information will be kept in strict confidence. I understand that I may request a copy of this report and that this information is strictly for the purpose of considering my application as a volunteer.

Volunteer Signature _____ Date _____
(If under 18: Father and/or Legal Guardians)

Volunteer Signature _____ Date _____
(If under 18: Mother and/or Legal Guardians)

Availability

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Do you or have you owned a horse?

Please describe your experience with horses:

Are you comfortable working around victims of trauma/abuse or people with special needs?

Please describe any experience you have working around victims of trauma/abuse or people with special needs:

Please describe any special skills, training or talents you feel might be helpful to Strides:

How Did You Learn About Strides to Success?

What is your profession and where do you work?

Any Other Questions, Comments or Concerns?
