



HORSE POWER HEALING CENTER, INC.

2020

RETURNING VOLUNTEER APPLICATION

PLEASE RETURN THIS FORM TO:
HORSE POWER HEALING CENTER, INC.
S.101 W.34628 COUNTY ROAD LO
EAGLE, WI 53119

DATE: _____

www.horsepowerhealingcenter.com

NAME: _____

PHONE:(_____)_____ **EMAIL:** _____

How long have you volunteered for HPHC _____ Are you a minor _____

Are you a Veteran or in the Military or anyone in your family _____

ANY OTHER COMMENTS: _____

Volunteer Availability	Morning 8am-12pm	Afternoon 12pm- 4pm	Evening 4pm-6pm	
Please indicate days and times available:				
Monday _____	Tuesday _____	Wednesday _____	Thursday _____	Friday _____
Saturday _____	Sunday _____			

I am comfortable volunteering in the following areas (circle all that apply):

- Leading Side-walking Chores/Stall Cleaning Flower beds Unloading Hay
- Therapeutic Riding Program Horses for Heroes (Veterans Program)
- Horses for Hope Program (For terminally ill children & adults)
- HPHC Board Grant Writing HPHC Promotional Booths Volunteer Recruitment
- Fundraising Seeking sponsors for Students/Horses Seeking donations for Events
- Baking/cooking for Events HPHC Spring Open House HPHC Benefit Horse Show
- Jericho Productions Horse Show Seeking Sponsors for the Horse Shows

Other: _____

Please list any skills you would like to offer the program

BACKGROUND INFORMATION

Name: _____

Current Address: _____

Current Driver's License ☐ No ☐ Yes same as last year or License Number: _____ State: _____

Have you ever been charged with or convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

I authorize Horse Power Healing Center to receive information from any law enforcement agency, including police department and sheriff's departments, of the 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 or state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly **DO NOT** authorize Horse Power Healing Center, its directors, offices, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Signature _____ Date _____

Signature of volunteer, parent or guardian (if volunteer is a minor)

VOLUNTEER CODE OF ETHICS

As a Volunteer, I Will:

1. Listen carefully to HPHC staff members.
2. Respect my fellow volunteers.
3. Respect and support the decisions of staff and board members in regard to the success of the program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and HPHC policies.
5. Participate actively in volunteer trainings and assist other volunteers as they join HPHC.
6. Bring to the attention of the Volunteer Coordinator or Executive Director any issues that I believe will have an adverse effect on the organization or those we serve.
7. Help curtail any negative conversations or rumor related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the organization and do my best to ensure that it is well maintained – keeping safety and quality in mind.
10. Always strive to learn how to be a more effective volunteer.
11. Report any occurrences to the Instructor immediately.
12. Call as soon as I am aware I may be running late to class, or will be absent from class.

As a Volunteer, I will *not*:

1. Criticize fellow volunteers and staff members or their opinions.
2. Use the organization for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

Warning System:

If any volunteer is found acting in an unsafe manner around the horses, treating horses unkindly (hitting, kicking, disciplining, etc) having negative attitudes toward the program, staff, or fellow volunteers, or showing inappropriate behavior (foul language, fighting etc.) you will be issued a warning. If we see no change after three warnings, staff will meet and you may be asked to move to a more appropriate area of the program, or asked to leave the program as a volunteer.

Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. This responsibility may include direct one-on-one communication with the person involved in discussion privately; at a larger meeting; or speaking to a staff member. *Where repeated attempts have been made to rectify a volunteer's non-compliance with the Code of Ethics, or where severe violation of the Code of Ethics has occurred, prompt action will be taken to remove or suspend the individual.*

As a Horse Power Healing Center volunteer, I agree to adhere to and to be responsible for maintaining the above Code of Ethics.

Signature of Volunteer _____ Date _____

Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek

Authorization for Emergency Medical Treatment Form/ Liability Release

Participant Name: _____ DOB: _____

Address: _____

Email: _____ Phone: _____

Allergies to any medications or foods: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Liability Release

Client/Rider/Participant Name: _____

would like to participate in the Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, activities programs. I acknowledge the risks potential risks of horseback riding. Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risks of equine activities. **NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the 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 Statutes.**

However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigned executors or administrators, waive and release forever all claims and damages against, Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, equine activities, its board of directors, instructors, therapists, aides, volunteers, boarding facilities, boarders, and/or property owners, and/or employees for any and all injuries which I/my son/my daughter/my ward may sustain while participating in the Horse Power Healing Center & Jericho Creek Farms activities and programs.

Consent Signature: _____ Date: _____

Client/Rider/Participant, Parent or Legal Guardian

PHOTO RELEASE

I ☐ DO ☐ DO NOT

consent to and authorize the use and reproduction of any and all still and/or video photography and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Signature: _____ Date: _____

Client/Rider/Participant, Parent or Legal Guardian

*** Please sign one of the Consent Plans below***

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian

Non-Consent Plan

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving service on the property of Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Parent or guardian will remain on site at all times during equine assisted activities. In the event that emergency treatment/aid is required, I wish the following procedure to take place: _____

Non-Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian