



Grace Under the Oaks Volunteer Application

Mailing Address: 450 State Road 13 North,
Suite 106-431, St. Johns, FL 32259

Program Director: 904-237-5879
Volunteer Coordinator: 513-410-1969
Email: Volunteer@graceundertheoaks.org

OFFICE USE ONLY

Forms Reviewed: _____
Orientation: _____
Background Check complete: _____

For All Volunteers:

Name: _____ Phone: _____ Text? Y N
Address: _____ Email: _____
City: _____ State: _____ Zip: _____
Employer/School: _____ Are you Retired? Y N
Parent/Legal Guardian Name (if minor) _____ Phone: _____

How did you learn about Grace Under the Oaks? _____

What experience (helpful but not necessary) do you have with horses? _____

Do you have experience with individuals with special needs? Y N Comments: _____

Special Training/Skills (Circle all that apply): Special Ed OT PT RN LPN EMT First Aid CPR Other (comment below)
Comments: _____

Are you a member of PATH Intl? Y N

I am interested in supporting the program in the following areas (check where applicable):

- | | |
|---|---|
| <input type="checkbox"/> Horse Leader (lesson support) | <input type="checkbox"/> Publicity / Marketing / Social Media |
| <input type="checkbox"/> Side Walker (lesson support) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Grant Writing / Fundraising |
| <input type="checkbox"/> Barn Chores | <input type="checkbox"/> Single Day Group Volunteer |
| <input type="checkbox"/> Cleaning and organizing tack & equipment | <input type="checkbox"/> Other (explain below): _____ |

Availability; Adaptive riding sessions are held on alternating Tuesday mornings and afternoons; Grace Fosters Grace workshops are scheduled as 4-hour morning sessions on days TBD (please check where applicable):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

For Lesson Support Volunteers Only:

Can you walk for 40 minutes and jog for short distances? Y N Comments: _____

Given a chance to change sides frequently, can you hold your arm at shoulder height and support a modest weight? Y N
Comments: _____



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HEALTH HISTORY

Applicant Name: _____ Date of Birth: _____

Allergies:

Medications:

Are there any medical or physical conditions that we should be aware of?

EMERGENCY INFORMATION

Emergency Contact Name: _____ Relationship: _____

Contact Cell/Home Phone: _____ Contact Work Phone: _____

Contact Address: _____

Volunteer's Physician Name: _____ Phone: _____

Hospital/Town: _____

In case of a Medical Emergency, I, _____, authorize Grace Under the Oaks, Inc., to provide such medical assistance as they determine to be necessary.

In the event that the emergency contact listed above cannot be reached and if deemed necessary by the Grace Under the Oaks, Inc, Team, I, _____, authorize transportation to a medical facility and any medical care, and/or hospital staff to provide care, which includes anesthesia, if deemed necessary or advisable by medical staff.

Signature of Applicant or Parent/Legal Guardian Date

Printed Name of Applicant or Parent/Legal Guardian Date



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BACKGROUND INFORMATION

Applicant Name: _____

Grace Under the Oaks requires background checks for all volunteer at/over the age of 18. This will be at the cost of the applicant and require before the applicant may engage in any Grace Under the Oaks, Inc. activities. Information regarding this process will be provided at orientation.

Have you ever been charged with or convicted of a crime, including sex-related or child abuse-related offenses?

Check One: Yes _____ No _____ If yes, please explain:

Signature: _____ Date: _____

Current Driver License #: _____ State Issued: _____ or N/A _____

I hereby authorize Grace Under the Oaks, Inc. to receive information from any law enforcement agency, including police and sheriff's departments, of this state or any other state or federal government, to the extent permitted by the 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. I understand that such access is for the purpose of considering my application as a volunteer and I expressly DO NOT authorize the operating center, its directors, officers, employees or other volunteers to disseminate this information in any way to any other individual, group agency, organization or corporation.

Signature: _____ Date: _____

VOLUNTEER AGREEMENT

I have read or have had the Volunteer Handbook explained to me, and I will keep the current edition for reference (*not required for Single Day Group Volunteers*). If my contact information changes, I will notify the Volunteer Coordinator(s) as soon as possible. I understand that violating the rules, agreements and guidelines at Grace Under the Oaks may result in my dismissal from the program. Other incidences that may result in dismissal include: unsafe behaviors that endanger self and others, inappropriate language/actions, misuse of center property and horses, or disrespectful behavior towards riders and/or staff. I understand that the staff at Grace Under the Oaks, including instructors and administrators, is in control of the activities that I participate in and I will follow their direction.

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

I understand that any personal or identifying information that I learn about clients through my association with Grace Under the Oaks will remain confidential. I agree to refrain from discussing such details as clients' names, specific diagnosis, unusual behavior, etc., with anyone outside the program or with another program member in a public circumstance where I might be overheard. I understand the necessity of preserving our clients' privacy and will abide by this agreement.

Signature: _____ Date: _____



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PHOTO RELEASE

Applicant Name: _____

I hereby consent to and authorize the use and reproduction by Grace Under the Oaks, Inc. of any and all photographs as well as any and all audio/visual materials taken of me for promotional material (including social media platforms), educational activities, exhibitions or any other use for the benefit of this program.

Signature: _____ Date: _____

LIABILITY RELEASE and HOLD HARMLESS AGREEMENT

I, _____, the undersigned, have read and understand, and freely and voluntarily enter into this Liability Release and Hold Harmless Agreement (the "Agreement") with Grace Under the Oaks Inc. I understand that this Agreement is a waiver of any and all liability. I understand the potential dangers that I could incur while interacting with horses.

Understanding those risks I hereby release Grace Under the Oaks Inc., the property owners, horse owners, Board of Directors, volunteers, Instructors, contractors and anyone else directly or indirectly connected with Grace Under the Oaks Inc. (collectively, the "Released Parties") from any liability whatsoever in the event of death, injury or damage of any nature to me or anyone else caused by or incidental to my electing to interact with a horse owned, leased or utilized by Grace Under the Oaks.

I understand, recognize and warrant that this Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Agreement I know and understand that this Agreement may further limit the liability of equine professionals to include any activity, whatsoever, involving an equine, including death, personal injury and/or damage to property.

I further voluntarily agree and warrant to release and hold harmless Released Parties from any liability whatsoever, including, but not limited to, any incident caused by or related to the Released Parties' negligence, relating to injuries known, unknown, or otherwise not herein disclosed; including, but not limited to, injuries, death or property damage from: interacting with and caring for horses under the instruction of Grace Under the Oaks, or during activities led by any Instructor or Professional with Grace Under the Oaks or my failure to understand any directions relating to my interactions or otherwise use and control, or lack thereof, of the horse involved in activities.

I have read and will abide by the property safety rules set in place by Grace Under the Oaks.

Under Florida law, 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. (FL Statute 773)

I, _____, am voluntarily entering into this Liability Release and Hold Harmless Agreement. I release Grace Under the Oaks of any liability for myself and any minors under my care/supervision.

Participant's Signature: _____ Date: _____

OR

I, _____, am the parent/legal guardian of _____.

I have read the agreement above, and give permission for him/her to participate in all equine activities.

Guardian's Signature: _____ Date: _____