

Grace Under the Oaks

Volunteer/Contractor/Staff Application

Address: Please contact us for location and mailing addresses

Email: Volunteer@graceundertheoaks.org

Program: 904-237-5879

Volunteer Coordinator: 904-504-1722

Date of application: _____

Name: _____ Phone: _____ Text: Y N

Email Address: _____

Address:

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?

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: _____

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

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

Special Training or Skills: Special Ed OT PT RN LPN EMT First Aid CPR Other: _____

Are you a member of PATH Intl? Y N

I am interested in supporting the program in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Horse Leader | <input type="checkbox"/> Cleaning and organizing tack and equipment |
| <input type="checkbox"/> Side Walker | <input type="checkbox"/> Publicity / Marketing |
| <input type="checkbox"/> Facility maintenance (cleaning, small projects etc.) | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Barn chores | <input type="checkbox"/> Fundraising / Grant writing |

Availability (Please note- Sessions are held every other Monday (AM) and Thursday (PM), but there will be occasional opportunities to help on other days of the week):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



OFFICE USE ONLY	
Forms Reviewed:	_____
Orientation:	_____
Background Check complete:	_____

HEALTH HISTORY

Date of Birth: _____

Date of last tetanus shot: _____

Allergies:

Medications:

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Please address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes:

EMERGENCY INFORMATION

In case of Emergency Contact Name: _____

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, surgical care, and/or hospital staff to provide care, which includes anesthetic, 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

BACKGROUND INFORMATION

Grace Under the Oaks requires background checks for all volunteers contractors and staff members at/over the age of 18. This will be at the cost of the applicant and required before the applicant my 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?

Yes _____ No _____ If yes, please explain:

Signature: _____

Date: _____

Current Driver License: # _____ State Issued: _____ or NA _____

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 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 an employee/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. If my contact information changes, I will notify the volunteer coordinator 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 learn about clients through my association with GUTO 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 anonymity and will abide by this agreement.

Signature: _____

Date: _____

PHOTO RELEASE

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

I, _____, the undersigned have read and understand, and freely and voluntarily enter into this Release and Hold Harmless Agreement with Grace Under the Oaks Inc. I understand that this Release and Hold Harmless Agreement is a waiver of any and all liability. I understand the potential dangers that I and/or the minor that I am the parent/ legal guardian of could incur while interacting with horses. Understanding those risks I hereby release Grace Under the Oaks Inc., the property owners, Board of Directors, volunteers, Instructors, contractors and anyone else directly or indirectly connected with Grace Under the Oaks Inc. 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 the horse owned, leased or utilized by Grace Under the Oaks or Under the Oaks Farm. I understand, recognize and warrant that this Release and Hold Harmless Agreement is being voluntarily and intentionally signed and agreed to, and that in signing this Release and Hold Harmless Agreement I know and understand that this Release and Hold Harmless 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 this (these) equine professional(s) from any liability whatsoever, including, but not limited to, any incident caused by or related to said equine professional's (s') 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 feeding the horse during activities lead by Instructors/Professionals with GUTO or my failure to understand any equine professional's directions relating to my interactions or otherwise use and control, or lack thereof, of the horse involved in activities.

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)

Please select the appropriate response and sign accordingly.

I, _____ am voluntarily entering into this Release and Hold Harmless Agreement.

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: _____