



Pikes Peak Therapeutic Riding Center
13620 Halleluiah Trail, Elbert, CO 80106
T (719) 495-3908
F (719) 494-1689

Volunteer Information

PPTRC Office Use Only:	
Rcvd Date: _____	Reviewed by: _____
Orientation Date: _____	
___ Handbook Received	
___ Entered in EquiForce	
___ Entered in MailChimp	
Date Background Check Complete: _____	

****The information on this form is required to be updated/verified annually****

Date: _____

Level of Involvement: ___ New Volunteer ___ Returning Volunteer ___ Parent of Rider/Volunteer ___ Other

Volunteers Name _____

Address _____

City/State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ Birthdate _____

Employer/School/Referring Agency _____

Parent/Guardians Name (if applicable) _____

Address _____

Phone _____ Email _____

How did you learn about PPTRC:

- | | | |
|-------------------------------------|-------------------------------|---|
| ___ Newspaper (which one):
_____ | ___ PATH
___ PPTRC Website | ___ Volunteer Fair
___ Current Volunteer |
| ___ School | ___ Flyer (where): _____ | ___ Social Media: _____ |
| ___ Radio | ___ Friend/Family | ___ Other |

What is the best method for PPTRC staff to communicate with you (circle one):

- | | | | | |
|-------|------------|------------|------------|------------|
| Email | Cell Phone | Home Phone | Work Phone | Snail Mail |
|-------|------------|------------|------------|------------|

It is PPTRC policy to call 911 in the event of any medical emergency

Emergency contact _____ Phone _____

Emergency contact relationship _____

Allergies _____ Seizures: Yes No

Medications _____



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Volunteer Information Continued

Volunteers Name _____ **Date** _____

What are your volunteer goals with PPTRC: _____

Where are you most interested in volunteering (choice one or more):

In Classes In the Office With the Horses Around the Facility/In the Barn Special Events

Other (please explain): _____

For In Class Volunteers:

Are you able to walk for 45 minutes and jog short distances? Yes No

Are you interested in sidewalking: Yes No

Are you interested in becoming a horse leaders: Yes No

Are you interested in being part of any of the following volunteer programs:

Barn Buddies Schooling/Conditioning Team Training Team Ambassador Program

Do you have any health issues or physical limitations we should be aware of (ex: lifting weight limit, allergies, breathing etc.): _____

Please place an X in all the days/times you are available and willing to Volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
9:00 - 10:00						
10:00 - 11:00						
11:00 - 12:00						
12:00 - 1:00						
1:00 - 2:00						
2:00-3:00						
3:00 - 4:00						
4:00 - 5:00						
5:00 - 6:00						
6:00-7:00						

Are you available to sub on short notice: Yes No

If yes, how much notice needed: _____



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Volunteer Information Continued

Volunteers Name _____ **Date** _____

Do you have interest in helping PPTRC in any of the following areas (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Construction | <input type="checkbox"/> Facility Maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Office Skills | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Facility Cleaning | <input type="checkbox"/> Horse Care | |

Do you have experience with horses (if yes, briefly explain): No Yes, _____

Do you have experience with individuals with special needs (if yes, briefly explain): No Yes, _____

Signature of Volunteer (or parent/guardian)

Date



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Volunteer Authorization to be Photographed and/or Interviewed

Name _____

I **DO** / **DO NOT** hereby authorize Pikes Peak Therapeutic Riding Center (PPTRC) and its affiliated facilities, agents, contractors, providers or associates to interview and/or take photographs of me. I understand that the term photograph may include, but not be limited to, videotape, videodisc, digital image and any other mechanical means of recording or producing visual images (hereinafter referred to as photographs). I also understand the interview session may involve, but not be limited to, audio tape, or other recording device, written recording or other mechanical means or medium to preserve the discussions (hereinafter referred to as interview material).

I **DO** / **DO NOT** hereby authorize PPTRC to use my first name in association with photographs and/or interviews.

I **DO** / **DO NOT** hereby authorize PPTRC to disclose my disability or reason for participation at PPTRC in association with photographs and/or interviews.

I understand and agree that the photographs and/or interview material may also be used and/or disclosed for any and all other purposes deemed appropriate by, PPTRC and its affiliated facilities, agents, contractors, providers or associates. Such purposes may include, but not be limited to, education, treatment, internal marketing (for example, photo displays within the facility), public relations, advertising, communication materials, promotional and marketing publications (including postings on an organization’s website), and/or fundraising activities.

I understand that I may refuse authorization and that my refusal will not affect my ability to obtain treatment, payment, enrollment in any health plan, or eligibility for benefits. I understand that I may revoke this authorization at any time in writing by contacting the PPTRC Office Manager.

I agree to hold PPTRC and its affiliates, agents, officers, contractors, providers, directors, and associates, or designated third parties who are involved in the production, duplication, publication or any other use and/or disclosure of the photographs, and/or interview material harmless for any damages incurred by such use and/or disclosure of the photographs and/or interview material. I also understand that the photographs and/or interview material used and/or disclosed pursuant to this authorization may be re-disclosed by a recipient and can no longer be protected by the aforementioned parties.

In addition, I waive all rights to or conditions on the use and/or disclosure of these photographs and/or interview material that I may have pursuant to this authorization and for the consideration provided, I further waive any claim for payment or royalties related to the production, duplication, publication or other specified use and/or disclosure of such by PPTRC and/or any affiliated facilities, or any other party involved in the specified use and/or disclosure now or in the future.

Signature of Volunteer (or parent/guardian)

Date



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Confidentiality Statement

The protection of confidential business information and trade secrets is vital to the interests and the success of PPTRC. Such confidential information includes, but is not limited to, donor lists, client lists, and pending projects and proposals. Additionally, all patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, volunteer records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any volunteer unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- Discussing or revealing PHI or other confidential information to friends or family members.
- Discussing or revealing PHI or other confidential information to other employees without a legitimate need to know.
- The disclosure of a patient's presence in the office, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by volunteers can subject each individual volunteer and the practice to civil and criminal liability. Disclosure of PHI, trade secrets, or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

This policy applies to employees, contracted instructors and therapists, the Board of Directors, and volunteers.

Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of volunteering with Pikes Peak Therapeutic Riding Center is to be kept confidential, and this confidentiality is a condition of my volunteer position. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer volunteering.

I am familiar with the guidelines in place at Pikes Peak Therapeutic Riding Center pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Pikes Peak Therapeutic Riding Center is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Pikes Peak Therapeutic Riding Center is grounds for disciplinary action, up to and including immediate dismissal.

Signature: _____

Date: _____



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Release and Indemnity for Equine Activities

WARNING

UNDER COLORADO LAW, AN 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, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

In consideration of being permitted to participate in equine activities at the Pikes Peak Therapeutic Riding Center, the undersigned participant freely and voluntarily agrees for me, my spouse, heirs, successors, personal representatives and assigns to the following:

1. I release and Discharge Acts 19:11, dba Pikes Peak Therapeutic Riding Center ("PPTRC") from any and all liability, claims, demands or causes of action whatsoever arising out of any damages, loss or injury to me or to my property while I am participating in any equine activities and/or while I am engaged in any activity during the period of participation in an equine activity, whether such loss, damage or injury results from the negligent acts or omissions of PPTRC or from any other cause.
2. I acknowledge that participation in equine activities involves a certain amount of risk and I accept and assume any and all risks and dangers of bodily injury, disability, death and/or property damage, even if caused in whole or in part by the negligent acts or omissions of PPTRC, or from any other cause.
3. I indemnify and hold harmless PPTRC from any and all loss, liability or expense of any nature whatsoever, including reasonable attorney's fees and costs, which it may incur or be exposed to as a result of any claim or bodily injury, death or property damage resulting from my participation in any equine activity.
4. I agree that exclusive jurisdiction and venue for any lawsuit arising out of this Agreement or the dealings between us shall be in the state courts in El Paso County, Colorado, and that the laws of the State of Colorado shall apply.
5. To the extent that any part of this Agreement is found to be invalid, void or illegal under applicable law, then the Court shall reform such part of this Agreement only to the extent necessary in order to make it enforceable, and all of the remainder of this Agreement shall remain in full force and effect.

6. Definitions.

- a. All references to "PPTRC" in this document shall refer to Acts 19:11, dba Pikes Peak Therapeutic Riding Center, as well as its successors, assigns, officers, directors, employees, agents, insurers, instructors and independent contractors performing services at PPTRC.

b. Equine Activity. For purposes of this document, the term “equine activity” shall include any activity in which I engage while participating in therapeutic horseback riding, equine assisted activities (such as equine assisted learning and equine assisted psychotherapy) or hippotherapy classes at PPTRC, as a participant. The term shall also include activities in which I engage in order to prepare the horses, equipment, facilities or clients for use in therapeutic horseback riding, equine assisted activities and hippotherapy classes. The activities in which I may engage include, but are not limited to, shoveling stalls, cleaning and storing tack, maintaining equipment and facilities, grooming, tacking and untacking, bringing horses in from the turnout, returning horses to their stalls, feeding and watering horses. Although most of these activities will occur on site at PPTRC’s facilities located at 13620 Halleluiah Trail, Elbert, CO 80106 or 1035 Lower Gold Camp Road, Colorado Springs, CO 80905, the term equine activity also includes any activities in which I engage, as a participant, at off site events in which PPTRC participates or sponsors. I understand and agree that my participation in an equine activity begins upon my arrival at the place where the equine activity begins, then stops upon my departure from the place where the equine activities end.

c. Term of Release and Indemnity. The Release and Indemnity for Equine Activities shall be binding for a period of time equal to the longest statute of limitation, regardless of the theory of law, applicable to any claim arising out of or in any way connected with the undersigned’s participation in an equine activity.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND IT COMPLETELY AND VOLUNTARILY AGREE TO BE BOUND BY ITS TERMS.

Print Full Name of Volunteer: _____

Signature: _____ **Date:** _____

If a minor, parent or guardian must sign below.

Signature: _____ **Date:** _____

(REMOVE ONCE DOCUMENT IS COMPLETE, AND PRIOR TO FILING)

Optional Demographics Information: We often receive requests for demographic data when applying for grants and other funding. If you are willing to contribute information, we would greatly appreciate it.

Race: ___ White ___ African American ___ Middle Eastern ___ Asian ___ Native American ___ Pacific Islander ___ Other

Ethnicity: ___ Hispanic or Latino ___ Non Hispanic or Latino

Total Household Income:

- ___ Below \$29,999
- ___ \$30,000 - \$39,999
- ___ \$40,000 - \$49,999
- ___ \$50,000 - \$59,999
- ___ \$60,000 - \$69,999
- ___ \$70,000 - \$79,999
- ___ \$80,000+

Military Status:

- ___ N/A: Civilian
- ___ Active Duty
- ___ Veteran
- ___ Child of service member
- ___ Spouse of service member

Branch of Military (if applicable): _____



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Additional Ways to Help PPTRC

Name: _____

Do you know any individuals/businesses that might be interested in sponsoring a PPTRC horse, rider, or event?

- Yes No
- Contact information: _____

Are you a member of a community or church group that would like a brief presentation on PPTRC?

- Yes No
- Contact information to schedule presentation: _____

Do you know anyone who might be interested in receiving additional information about our services?

- Yes No
- Contact information: _____

Do you know anyone who might be able to give a current PPTRC horse a retirement home?

- Yes No
- Contact information: _____

Do you know any individuals/businesses that might be interested in participating in leadership/professional development workshops?

- Yes No
- Contact information: _____