

Manna's Hana Riding Center, Inc. (MHRC)
1285 Brotherton Drive Cookeville, TN 38506
Phone: (931) 537-6322 Cell: (931) 349-8106

VOLUNTEER/STAFF INFORMATION FORM:

DATE OF APPLICATION: ____/____/____

I. PERSONAL INFORMATION (Please print legibly):

Have you been affiliated with Manna's Hana as a volunteer or rider? No Yes If yes, when? ____
 Female Male Participant's DOB: ____/____/____

Participant Name: _____
First MI Last

Address: _____ City/State: _____ Zip Code: _____

Home Phone: _____ Cell: _____ Work: _____

Employer/Occupations: _____

E-mail: _____ Notify Prefer: Home Phone, Cell, Email, Text, FB
(Circle One)

IF UNDER 18 years old please print Parent/Guardian Name:

Name: _____
First MI Last

How did you hear about Manna's Hana Riding Center: _____?

Please specify referring Organization/Individual/Other: _____

Have you volunteered in an equine-assisted therapy program before? YES NO

If yes, what program? _____

II. UNIVERSITY/COMMUNITY SERVICE INFORMATION (only complete if applies to you)

If you are volunteering to complete university curriculum service hours, how many hours do you need to fulfill your requirement? _____ What university do you attend? _____

What major/class is this required for? _____

III. INTERESTS

I wish to volunteer at Manna's Hana Riding Center because

Please list any special skills that you could offer (i.e. sign language, Spanish, carpentry, computer)

Please describe your general background (i.e. education, work experience)

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IV. Related Experience and Skills

Have you had previous experience working with individuals with special needs?

No Yes If yes, please describe including specific skills/degrees: _____

Have you had previous experience working with horses? No Yes

If yes, please describe: _____

Have you had previous experience working with youth who are at risk or have suffered victimization or abuse?

No Yes If yes, please describe including specific skills/degrees: _____

Are you certified in: First Aid CPR Certification expires on: _____?

V. SPECIAL OPPORTUNITIES

CHECK AREAS IN WHICH YOU ARE INTERESTED:

Program

- Horse Leader with Student
 Side-walker with Student
 PonyPal (experienced rider)

Special Events

- Horse Show
 Fundraising
 Trail Rides

Administration

- Public Relations
 Grant Writing
 Volunteer Recruitment

- Photography/Video
 Stable Management
 Newsletter

VI. Time Commitment

Please indicate the time(s) you are available to volunteer below (circle):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Visitors 9 - 2	Visitors 9 - 2	Visitors 9 - 2	Visitors 9 - 2		9:00-9:45am
3:30-4:00pm	3:00-3:30pm	Field Trips		Field Trips	10:00-10:45am
4:15-4:45pm	4:00-4:45pm	Closed Session	4:00-4:45pm	Closed Session	11:00-11:45am
5:00-5:30pm	5:00-5:45pm	XXX	5:00-5:45pm		12:00-12:30pm

PLEASE INCLUDE ANY ADDITIONAL INFO ABOUT YOUR AVAILABILITY: _____

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VII. AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Participant's Name: _____ DOB (mm/dd/yy): _____

General Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy Number: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency contact:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event emergency medical aid/treatment is required due to illness/injury during the process of receiving services, or while being on the property of the agency, I authorize Manna's Hana Riding Center, Inc. to:

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

CONSENT PLAN

I **DO** give authorization that may include x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: _____

NON-CONSENT PLAN

I **Do Not** give my consent for emergency medical treatment aid in the case of illness of injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment is required, I wish the following procedures to take place: _____

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below.

Signature: _____ Date: _____

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VIII. VOLUNTEER RELEASE OF LIABILITY:

As a volunteer at Manna's Hana Riding Center Inc., I acknowledge that horseback riding or activities involving horses is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, personal property loss or even death. Horses are large animals and even the quietest and calm horse can be unpredictable. I hereby assume the risk of participating in such activities.

I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Bobbie and Paul Abell, Manna's Hana Riding Center, Inc., its Board of Directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in Manna's Hana Riding Center, Inc.

WARNING – Under TENNESSEE LAW (TENNESSEE CODE ANNOTATED TITLE 44, CHAPTER 20, and SECTION 1), an equine professional is not liable for an injury to or death of a participant in equine activities resulting from inherent risks of equine activities. The signature(s) below attests that I/we have read and understand each of the above mentioned release in accordance Manna's Hana Riding Center's, Inc.'s POLICY.

Participant's Signature): _____ Date: _____

If under 18 years of age, parent/guardian signature required below

Signature: _____ Date: _____

IX. PHOTO AND VIDEO CONSENT:

I, _____ **CONSENT** _____ **DO NOT CONSENT** _____

to and authorize the use and reproduction by Manna's Hana Riding Center, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use form the benefit of the program.

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below:

Signature: _____ Date: _____

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X. CONFIDENTIALITY STATEMENT

Manna's Hana Riding Center, Inc. requires that all written, verbal and observed information concerning clients/students be kept completely confidential. This includes information about fellow volunteers, clients/students, their disabilities, their families, and interactions with others. The purpose of this policy is not only legal, but also to respect the lives of our clients/students and their rights to be treated with the utmost courtesy, dignity, and equality. As a Program Volunteer, you will most likely see and hear things which you need to agree to keep within this setting. The Riding Instructors and/or therapist will share information with you, which will help you work WITH THE UNDERSTANDING THAT THIS INFORMATION STAYS WITHIN MANNA'S HANA RIDING CENTER, INC. PROGRAM. Additionally, there will be no posting of pictures or information on any social networking site, i.e. Facebook, Myspace, etc. without expressed permission of the participant, parents or guardians or Manna's Hana Riding Center, Inc. You will be asked to sign this CONFIDENTIALITY AGREEMENT in order to volunteer. I understand and will observe the confidentiality policy of Manna's Hana Riding Center, Inc. Thank you for your consideration in this matter.

I HAVE READ THE ABOVE STATEMENT OF CONFIDENTIALITY AND DISCUSSED ANY QUESTIONS I HAVE WITH MANNA'S HANA RIDING CENTER STAFF. I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATEMENT OF CONFIDENTIALITY.

Print Name: _____

Signature: _____ Date: _____
(signed in the presence of MHRC staff)

XI. BACKGROUND CHECK

Have you ever been convicted of a felony? ___ No ___ Yes Please Explain: _____

I, _____ (volunteer/staff/parent), authorize Manna's Hana Riding Center, Inc. to receive information from law enforcement agency, including police departments 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 or animals.

I understand that such access is for the purpose of considering my application as an employee /volunteer, and I expressly DO NOT authorize Manna's Hana Riding Center, Inc., its directors, officers, employees or other volunteer to disseminate this information in any to any other individual, group, organization or corporation.

Signature: _____ Date: _____
(signed in the presence of MHRC staff)

Current Driver's License ___Y ___N License Number: _____ State: _____

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VOLUNTEER INFORMATION:

COMMITMENT: Length of commitment will vary depending on the volunteer job and project.

WEATHER: Manna's Hana does not conduct lessons in extreme weather (rain, high wind, heat) or extreme muddy conditions. We will try to contact you when an instructor deems it unsafe for our riders or horses to safely function. It is the responsibility of the volunteer to CALL Manna Hana to see if lessons are canceled. If you are on Facebook, we will post cancellations asap.

Attire: All volunteers on the property must wear close-toed shoes (hiking/riding boots, tennis shoes, etc.); no bare midriffs; no exposure of personnel undergarments.

SAFETY: Safety is our FIRST priority. We follow all PATH, Intl. policies. We expect the volunteers to follow and help enforce all program rules, which include, but are not limited to, the following:

- ☺ No smoking
- ☺ No running
- ☺ Volunteers must be at least 13 years of age*
- ☺ All volunteers must wear closed-toed shoes
- ☺ No Alcohol or drugs on the property
- ☺ Leave cell phones in the car or in your pocket
- ☺ No personal dogs on premise

All volunteers must have the ability to multi-task and to work independently with little or no direct supervision. Horses can be unpredictable and volunteers need to be able to react in a timely and appropriate manner to insure the safety of themselves, others and the horse. Volunteers are taught to be aware of potential safety hazards and bring them to the attention of an instructor or staff person.

Manna's Hana Riding Center reserves the right to deny any application.

- I have READ and UNDERSTAND the policies, procedures, my volunteer job description and commitment as described in the volunteer handbook.

Participant's Signature: _____ Date: _____

If under 18 years of age, parent/guardian signature required below

Signature: _____ Date: _____

Signature (MHRC Staff): _____ Date: ____/____/____

- Potential volunteers who are 12 years old and their parent(s) must meet with the executive director/staff member to be approved before volunteering at the riding center; parent/guardian must be on premises while young volunteers 12 - 14 years old are volunteering.

OFFICE USE ONLY: MANNA HANA RIDING CENTER, INC.

Received Completed Paperwork: _____ Volunteer Training: _____

Form reviewed: ____/2021 ____/2022 ____/2023 ____/2024

Background Check: _____ Entered into Database: _____