



Volunteer Application

(Must be 14 yrs. old to Volunteer)

For Office Use ONLY	
<input type="checkbox"/>	Application complete
<input type="checkbox"/>	Meet and Greet
<input type="checkbox"/>	Training 101
<input type="checkbox"/>	Background Check

Please Email Completed Form to volunteermgr.clouddancersthp@gmail.com **OR**
Mail to PO Box 10489 Albuquerque, NM 87184

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phones: (H) _____ (C) _____ (W) _____ Email: _____

If volunteer is under 18 yrs. Parent/Legal Guardian's Name: _____

Phones: (H) _____ (C) _____ (W) _____ Email: _____

How did you hear about Cloud Dancers (CD)? _____

Names of friends/relatives employed by or volunteering at CD: _____

Why do you want to volunteer for CD? _____

Are you presently able to perform the duties of the volunteer position (s) you have identified as of interest to you with or without reasonable accommodation? No Yes

Have you ever been convicted of a felony? Conviction of a crime is not an automatic bar. No Yes

Please describe the nature of the offense: _____

Court: _____ Sentence and Place: _____

Education and Experience

High School/GED Associates Bachelors Masters PhD Other

Present or Last Employer: _____ Start Date: _____ End Date: _____

Title and Responsibilities: _____

If applicable, Reason for Leaving: _____

Present or Previous Volunteer Experience

Dates	Organization	Position/Responsibilities	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



References

Name	Capacity/Years Known	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Agreement

My answers to the questions on this application are true and complete. I authorize Cloud Dancers Therapeutic Horsemanship to investigate all references and information given. I agree that any false statement or misrepresentation on this application may be cause for refusal to appoint me to a volunteer position, or for immediate dismissal as a volunteer. I further understand that my work with Cloud Dancers will be subject to verification of legal age requirements or any applicable requirements for working with youth or adults with disabilities and passing a background check. I further understand that my relationship with Cloud Dancers may be terminated with or without cause at any time.

Applicant Name (Print): _____ **Signature:** _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Office Use ONLY

Interviewer Name (Print): _____ **Signature:** _____ **Date:** _____

Applicant Start Date: _____ **Position:** _____



Volunteer Release Agreement

I, _____, would like to participate in the Cloud Dancers Therapeutic Horsemanship Program as a Volunteer. I acknowledge the hazards and potential risks of equine activities. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against Cloud Dancers, its officers, directors, guarantors, instructors, therapists, aides, volunteers and/or employees or contractors for any and all injuries and/or losses I may sustain while participating in any Cloud Dancers lessons, programs or events, whether caused directly or indirectly by any negligence (active or passive) attributable to Cloud Dancers, its officers, directors, guarantors, instructors, therapists, aides, volunteers and /or employees or contractors.

Volunteer Signature: _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Consent to Photography, Videotape, Televised Recordings and/or related Media Recordings

I, _____, hereby **Consent** **Do not Consent** to Cloud Dancers right to photograph, televise, film, videotape and/or sound record the acts, appearances, and utterance of the undersigned and to use any descriptive words or name of the undersigned in connection and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, videotapes and/or sound recordings for any purpose which Cloud Dancers deems proper in the interest of newspapers, television, media, website, brochures, pamphlets, flyers or instructional materials. All such photographs, films and/or sound recordings shall be exclusive property of Cloud Dancers, and hereby relinquish all right, title and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Cloud Dancers to use or cause to be used such photographs, films and pictures for the primary purpose of promoting and aiding Cloud Dancers and its work.

Volunteer Signature: _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Volunteer Health History and Emergency Contact Form

Volunteer Name: _____ Birthdate: _____

Parent/Guardian (if under 18 years old): _____

Phone: Cell _____ Home _____ Work _____

Current Health Insurance Carrier: _____ Policy Number: _____

Health History – Please describe your current health status particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, special precautions (i.e. epi-pen, pacemaker, etc.).

Allergies: _____

Medications Relative to Above: _____

If you want us to contact your doctor or send you to a particular hospital in the event of an emergency:

Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

In Case of Accident or Injury Contact:

Name: _____ Relationship: _____ Phone: _____ E-Mail: _____

Name: _____ Relationship: _____ Phone: _____ E-Mail: _____

In the event emergency medical aid/treatment is required due to illness or injury during your volunteer activities or while being on Cloud Dancer property or at a Cloud Dancer event, I authorize Cloud Dancers to:

Initial: ____ Secure and retain medical treatment and transportation if needed.

Initial: ____ Release this form, upon request, to agencies authorized and involved in medical emergency treatment.

Volunteer Signature: _____ Date: _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

It is within my rights to withhold this information and I choose to do so.

Volunteer Signature: _____ Date: _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____



Confidentiality/Non-Compete Agreement

In light of my staff or volunteer service with Cloud Dancers Therapeutic Horsemanship, I agree to the following:

I will not publish, communicate, or use any Confidential information either during or after my service with Cloud Dancers, except as these matters relate to the business of Cloud Dancers or are within the written consent of Cloud Dancers. Confidential information may include, but is not limited to, such things as client personal and medical information; staff or other volunteer personal and medical information; financial matters; or confidential information related to donors or donations or strategic plans not communicated to the public. Confidential client information, with express permission of the parents or guardian, or order of the court, may be shared with volunteers or staff on a need to know basis, to ensure the safety and well-being of riders in our programs.

During my service with Cloud Dancers, I will not directly or indirectly compete with Cloud Dancers in the development, production, marketing or servicing of any product or service with which Cloud Dancers is involved, nor will I aid or become associated with others in such acts.

Failure to comply with this policy could result in reprimand, loss of certain volunteer responsibilities, or terminations.

Volunteer/Staff Signature: _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____



Staff/Volunteer Acknowledgement of Risk

I, _____ (Print Name), am aware of the risks of contracting COVID 19 while working or volunteering for Cloud Dancers Therapeutic Horsemanship. I acknowledge that certain at-risk populations such as persons over age 60 and those with underlying medical conditions are more susceptible to the disease.

I am also aware that face-to-face services increase my risk of contracting and passing on COVID 19. Cloud Dancers cannot guarantee social distancing where support or assistance is needed to mount/dismount, balance or sit upright on a horse, address bodily fluid from the facial area, or in cases of emergencies or other unforeseen circumstances.

I have read Cloud Dancers Rider and Family Information and Volunteer packets relative to COVID 19, our Cleaning & Disinfecting Protocol for Prevention of the Spread of COVID 19 and agree to follow these guidelines, as well as, the Governor's, New Mexico Department of Health and CDC mandates as they relate to COVID 19.

I knowingly accept the additional risks stated above, despite reasonable precautions, and agree to release, acquit, discharge and hold harmless Cloud Dancers Therapeutic Horsemanship Program, Inc., its officers, trustees, agents, employees, contractors, representatives, staff, volunteers, successors, and assigns, for all manner of claims, demands and damages of every kind and nature whatsoever, which the undersigned may now, or in the future, have against Cloud Dancers related to any matters associated with COVID 19.

Volunteer/Staff Signature: _____ **Date:** _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

Volunteer Agreement

To be successful as a Cloud Dancers' Volunteer I agree to the following:

- **I have read the online Volunteer Handbook and agree to support and follow Cloud Dancers' mission, goals, policies and procedures as outlined in the Handbook and as shared with you by staff or authorized personnel.**
- Be an advocate for the ongoing enhancement of the therapeutic horsemanship profession.
- Be a positive, informed spokesperson for Cloud Dancers.
- Continuity is extremely important when working with individuals with disabilities. Commitments to 8-week horsemanship sessions are strongly encouraged and will be given priority.
- Sign up for horsemanship volunteer schedules in a timely manner and adhere to that schedule.
- Call or text the Volunteer Coordinator (or your supervisor if you volunteer in a non-horse area) if you are unable to work a scheduled shift and are giving less than 24-hours' notice. Changes to schedules with more than 24-hours' notice should be done through Sign-Up Genius.
- Be receptive to requests for substitute coverage for regularly scheduled volunteers working with horses and clients (Non-horsemanship volunteers excluded).
- Record your volunteer hours on the clipboard in the barn or office or report weekly hours to your supervisor if volunteering in a non-lesson or feeding capacity.
- Be prompt and dependable, respectful and friendly with clients, staff, other volunteers and horses. Be polite, efficient and helpful.
- Follow guidelines for working with clients and horses with Safety being a #1 commitment.
- Attend all required training for your position.
- Maintain a clean, neat, professional appearance relative to your volunteer position. Details are found in the Volunteer Handbook.
- Communicate ideas, suggestions or concerns to the Volunteer Coordinator, an instructor or your supervisor.
- Maintain confidentiality of client information and all other private Cloud Dancer information.
- Refrain from giving out medical or legal advice. Refer such questions to an Instructor or Volunteer Coordinator or supervisor.
- Refrain from discussions with the media or press and refer all questions to the Equine/Facilities Manager or on-site board member.
- Hold Cloud Dancers harmless in case of accident, injury, illness or theft/damage to personal property on Cloud Dancers' premises.
- I understand I may be photographed while volunteering and my image may be used in promotion of Cloud Dancers, unless I have signed a Waiver to not having my photo taken.
- Cloud Dancers may change, delete, suspend or discontinue parts or the policy in its entirety, at any time without prior notice.

Volunteer/Staff Signature: _____ Date: _____

If Applicable, Parent/Legal Guardian (Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

VOLUNTEER INTEREST IN CLOUD DANCERS' THERAPEUTIC HORSEMANSHIP

NAME _____

INTERESTS (check all that apply):

Working directly with the horses:

- Feeding / Horse Care

Working with clients with disabilities and horses:

- Side Walker
- Horse Leader
- Interpreter (Spanish, Sign Language)

Helping with Special Events

- Coordinating/planning
- Set up/tear down
- Activities for children with disabilities
Outside Venues (participating)

Marketing Activities

- Photography/Videography
- Writing stories/articles
- Social media
- Artistic/Graphic Design
- Outreach/Public Relations
- Newsletter

Resource Development

- Fundraising
- Identify potential donors
- Grant writing

Office Admin

- Excel/data entry
- Bookkeeping
- Website management
- Office assistance

Facility Improvements

- Carpentry
- Electrical
- Plumbing
- Welding
- Maintenance/Grounds Clean-up
- Gardening

Languages

- Spanish
- Sign Language
- Other _____

Other

- Committee work
- Becoming an Instructor
- Board of Directors
- Volunteer Recruitment

Additional Interests

I have the following skills/expertise/experience/education/qualities that would make me effective in this position(s):

_____ I am willing to do volunteer work from my home.

_____ My schedule is flexible.

I am available to volunteer on the following days and times:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVE							