



BUTTERFLY DREAMS FARM

EQUINE THERAPY INC

P.O. Box 1712 | Watkinsville, GA 30677

www.butterflydreamsfarm.org



Volunteer Information Form

| GENERAL INFORMATION | | | | | |
|------------------------------------------|--|-------|--|---------|-------------|
| Name: | | | | | |
| DOB: | | Age: | | Gender: | () M () F |
| Address: | | City: | | Zip: | |
| Email: | | | | | |
| Cell #: | | | | | |
| Parent, Legal Guardian (if under 18): | | | | Phone: | |
| Address (if different from participant): | | | | | |
| Spouse's Name: | | | | Phone: | |

| VOLUNTEER INFO | |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| How did you hear about BDF? | |
| In which areas are you willing to volunteer? | |
| <input type="checkbox"/> | Horse Leader (horse experience required, primary focus is on the horse) |
| <input type="checkbox"/> | Side Walker (no horse experience required, primary focus is on the rider) |
| <input type="checkbox"/> | Office Help (phoning reminder calls, preparing mailings) |
| <input type="checkbox"/> | Horse Care (holding horses for the farrier, grooming/bathing) |
| <input type="checkbox"/> | Pasture Maintenance (mowing, repairing fences) |
| <input type="checkbox"/> | Barn Maintenance (cleaning stalls, tack, organizing feed/tack room) |
| <input type="checkbox"/> | Art Work? (painting butterflies, creating characters) |
| Would you be interested in helping out with any of the following? | |
| <input type="checkbox"/> | Fundraising: Projects and ideas to raise financial support. |
| <input type="checkbox"/> | Marketing/Public relations: Writing or publishing magazine, newspaper articles. |
| <input type="checkbox"/> | Volunteers: Recruitment, training, retention of volunteers; volunteer appreciation. |
| <input type="checkbox"/> | Fix-Up Days: Usually Saturdays, participate in clean-up/fix-it projects. |
| <input type="checkbox"/> | Public Speaking: Promoting Butterfly Dreams at community service organizations. |
| <input type="checkbox"/> | Video production/Power point presentations: Educate the public and our sponsors. |
| Do you have other talents or abilities that might be helpful for us? | |
| | |
| | |

| EXPERIENCE | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------|
| () Yes () No | Have you ever volunteered for a therapeutic riding program? | |
| | <i>If yes, please describe in detail.</i> | |
| () Yes () No | Do you have horse experience? | |
| | <i>If yes, please describe:</i> | |
| () Yes () No | Do you have experience working with people with special needs? | |
| | <i>If yes, please describe:</i> | |
| () Yes () No | Do you have physical limitations? | |
| | <i>If yes, please explain.</i> | |
| () Yes () No | Can you walk for 60 minutes and jog for short distances? | |
| Medical History: | Tetanus Shot: () Yes () No | Tuberculosis Test: () Yes () No |
| | Date: | Date: |
| <i>(Consult your physician or local health department if you need updating on this shot/test.)</i> | | |
| CONFIDENTIALITY AGREEMENT | | |
| I understand that all information whether written, verbal, or research data about participants at this center is confidential and will not be shared with anyone without the express written consent of the participants (or guardian in the case of a minor). | | |
| () I Agree () I Do Not Agree | Signature: | Date: |
| PHOTO RELEASE | | |
| I consent to and authorize the use and reproduction by Butterfly Dreams Farm of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the program. | | |
| () I Agree () I Do Not Agree | Signature: | Date: |
| AUTHORIZATION FOR DATA COLLECTION FOR RESEARCH PURPOSES | | |
| I consent to and authorize the use of data collection for research purposes, whether by questionnaire or observation of me as a volunteer, guardian or participant, to be used for the benefit of the program at Butterfly Dreams. | | |
| () I Agree () I Do Not Agree | Signature: | Date: |
| BACKGROUND INFORMATION | | |
| I authorize Butterfly Dreams Farm Therapeutic Riding Program, Inc. to receive information from any law enforcement agency, including police department and sheriff's departments, of the 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 or 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 applications as a volunteer or staff and that I expressly DO NOT authorize the center, it's directors, offices, employees, or other volunteers to disseminate this information in any way to any other individual, group, organizations, or corporation. | | |
| () I Agree () I Do Not Agree | Signature: | Date: |
| Current Driver's License #: | | State: |
| () Yes () No | Have you ever been convicted of a crime? <i>If yes, please explain.</i> | |



Butterfly Dreams Farm Equine Therapy

BUTTERFLY DREAMS FARM Equine Therapy INC.

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WARNING

Under Georgia 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, pursuant to Chapter 12 of Title 4 of the Official Code of Georgia Annotated.

FOR AND IN CONSIDERATION OF the mutual promises, covenants, conditions, representations, and warranties contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, it is agreed as follows:

The undersigned hereby releases and forever discharges Butterfly Dreams Farm Therapeutic Riding Program, Inc., its agents, employees, officers, directors, representatives, affiliates, and assigns (collectively referred to herein as "Butterfly Dreams") from any and all claims, demands, actions, causes of action or suits of any kind arising out of any injuries, known or unknown, which have resulted or may in the future result from any equine or associated activities taking place in connection with the Butterfly Dreams' riding programs or on Butterfly Dreams' property.

The undersigned further agrees to indemnify and hold Butterfly Dreams harmless from any and all claims, damages, losses, injuries, expenses, causes of action and legal liability, whether known or unknown, anticipated or unanticipated, arising out of or resulting from equine or associated activities in which the undersigned participates. The undersigned further agrees, promises and covenants not to sue Butterfly Dreams for any and all actions, causes of action, claims or damages, damages in law or remedies in equity of whatever kind, including the negligence of Butterfly Dreams or myself, my family, or my heirs and assigns, arising out of the equine or associated activities in which I participate.

I am aware that any activities involving horses, because of the nature of horses, the facility, and program activities, is hazardous and I am voluntarily participating or allowing my minor child to participate or volunteer (if applicable) in these activities with knowledge of the danger involved, and hereby agree to accept any and all risks of injury or death.

| | |
|-------------------------------------------------------------------------|-----------------------------------|
| LIABILITY RELEASE FORM | |
| Participant Name: | () Rider () Volunteer () Staff |
| Signature <i>(or signature of parent/guardian if under 18yrs old)</i> : | |
| Print Signed Name: | Date: |