



Volunteer Application

Please Print

Name: _____

Last	Middle	First
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Preferred Method of Contact: _____

Email Address: _____ SS Number: _____

Employer: _____ Occupation: _____

Person to be notified in case of an emergency: _____

Address: _____ Phone: _____

Education/Work/Volunteer Experience

Education: _____

Work Experience: _____

Languages spoken/written other than English: _____

Other special talents: _____

Previous volunteer experience: _____

Why do you want to be a Mane Support volunteer? _____

I understand that I will need to document my hours and maintain contact with the volunteer coordinator and/or Kim Henry. I also understand that there are volunteer meetings that would be to my advantage to attend. Listed below are the days and times that I am available to volunteer. I understand that while here is not a designated number of hours required by Mane Support, my commitment to the organization is imperative to maintain my volunteer status with the company.

Signature: _____ **Date:** _____

The days and times I am available to volunteer are: S M T W T F S AM PM

References: Please give name and phone numbers. Please do not list relatives.

— Name Phone

— Name Phone

— Name Phone

Other than minor traffic violations, have you been convicted of a criminal offense? _____

If yes, explain in full: _____

**** Please be advised that a security background check will be obtained.**



Volunteer Application Agreement

All information given by me in this application is true in all respects. I understand that this information will be kept confidential. I also understand that all volunteers are required to furnish personal references before beginning volunteer work with Mane Support, Inc. and I authorize these references to answer all questions asked by Mane Support, Inc. concerning my ability, character and reputation. I release all such persons from any liability damages on account of having furnished such information. If accepted I agree that I will cover my volunteer assignment faithfully and diligently, acknowledging that I do so of my own free will and without coercion. It is my intent to donate my time without expectation or promise of remuneration or compensation. Finally, I understand that volunteer assignments with Mane Support, Inc. are based on a mutual consent. Any action and/or conduct that may be contrary to the Mission of Mane Support, core values or goals may be grounds for termination of my volunteer services or I may choose to terminate by giving proper notice to Mane Support, Inc.

By signing the following I also agree to hold Mane Support Inc., their member(s), officer(s), agents(s) and volunteers HARMLESS for any incident and/or injury arising from my volunteer services.

Signature of Applicant: _____ **Date:** _____

If minor, Signature of Parent/Guardian: _____ **Date:** _____

Mane Support Witness: _____ **Date:** _____

I give my permission to be photographed during my volunteering with Mane Support, Inc. I understand that these photographs will remain the property of Mane Support, Inc. and they may be now or in the future used for promotional and/or educational purposes.

YES _____ NO _____

Mane Support, Inc. Volunteer Ethics/Confidentiality Agreement

As a volunteer, I understand that I am subject to a code of ethics similar to that which binds the professionals in counseling. Like them, I will assume certain responsibilities and expect to be held accountable for what I do in terms of what I am expected to do. I interpret “volunteer” to mean that I have agreed to work without monetary compensation, agreeing to follow the same standards/policies as paid staff. I believe that my commitment to Mane Support, Inc. and the families it serves should be professional. I understand that I am making a commitment to this program and those it serves and will do so to the best of my ability. I will maintain confidentiality at all times and understand that any breach of confidentiality will result in my being dismissed from the Mane Support volunteer program. I understand that “maintaining confidentiality” means excluding all intimate details from reports/records and providing only general information, discussing the children and families I am associated with only at appropriate times in appropriate places with the staff of Mane Support and refraining from discussing these children and families with any of my family members or friends.

Signature of Applicant: _____ **Date:** _____

If minor, Signature of Parent/Guardian: _____ **Date:** _____

Mane Support Witness: _____ **Date:** _____

If the volunteer applicant for Mane Support is a minor, I as a parent/guardian of this applicant give my permission for my child(ren) to be involved in the activities agreed upon by myself and the staff of Mane Support, as well as to the terms of this application.

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

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### *Mane Support Photo Release*

Throughout the Mane Support sessions, it is a possibility that pictures and/or videos will be made. These are the property of Mane Support, Inc. and will be used for the sole purpose of community education and marketing of Mane Support.

I understand and agree to this Photo Release in reference to the participant(s) listed below.

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Name(s)

***Mane Support Volunteer Liability Release Form***

I understand that under the Tennessee Equine Activity Statute, persons who participate in equine activities may incur injuries as a result of the risks involved in such activities. "The general assembly also finds that the state and its citizens derive numerous economic and personal benefits from such activities. It is therefore, the intent of the general assembly to encourage equine activities by limiting the civil liability of those involved in such activities."

**Initial Here** \_\_\_\_\_

I acknowledge that the scope of Mane Support has been fully explained to me, including the potential for injury which can occur from:

1. the propensity of horses to behave in dangerous ways that may result in injury to the participant
2. the inability to predict an equine's reaction to sounds, movements, objects, persons or animals
3. the hazards of surface or subsurface conditions

I consider these risks to be offset by the benefits that might be received by the participant named. These benefits may include improved self-esteem and communication skills, development of problem solving, coping and social skills. Activities with the horses of Mane Support can be educational and even FUN!!!

**Initial Here** \_\_\_\_\_

I hereby waive any claim which I or the participant may have against Mane Support Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, Teresa Cogburn, Patricia L. Gallagher, LCSW, Vera Acres, 316 Farms, the Rivendell Center, LLC and all other horse owners whose horses are not owned by Mane Support, arising out of any injury which the participant may sustain while involved in Mane Support.

**Initial Here** \_\_\_\_\_

The undersigned assumes the unavoidable risks inherent in all horse-related activities, including but not limited to bodily injury and physical harm to horse, rider and/or spectator. In consideration therefore of Mane Support the undersigned does agree to hold harmless and indemnify Mane Support, Inc., its employees, contract personnel, interns, volunteers, Mane Support Board Members, Kim Henry, and all other horse owners whose horses are not owned by Mane Support and further release them from any liability, or responsibility for accident, damage to person or property, loss, injury or illness to the undersigned. I have read and understand this release.

**I have read and understand the provided information and agree with the terms in their entirety.**

**Participant (print):** \_\_\_\_\_

**Participant (signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian, if participant is a minor:** \_\_\_\_\_

**Witness (print):** \_\_\_\_\_

**Witness (signature):** \_\_\_\_\_

## Mane Support Volunteers Medical History

*If participating with Barn Buddies Program, please print one Medical History sheet per child and per parent/guardian participating.*

Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Any Illnesses/Surgeries/Special Precautions/ Impairments? \_\_\_\_\_

## Mane Support Authorization for Emergency Medical Treatment

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Health Insurance Company: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergence medical aid/treatment is required due to illness or injury during a Mane Support session or while on the property where Mane Support is conducted, **I authorize** Mane Support, Inc. to:

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

### Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any other treatment procedures deemed "life-saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Volunteer, Parent/Legal Guardian

*To be signed in the presence of Mane Support personnel*

**Non- Consent Plan**

I **do not** give my consent for emergency medical treatment/aid in the case of illness or injury during a Mane Support session or while on the property where Mane Support is being conducted. In the event emergency treatment/aid is required, I wish the following procedures to take place.

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Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
Volunteer, Parent/Legal Guardian

*To be signed in the presence of Mane Support personnel*

**WE WANT TO THANK YOU FOR VOLUNTEERING WITH MANE SUPPORT!!!  
YOU MAKE THE DIFFERENCE!!!**

