

## Hearts & Hooves Volunteer Registration Form - Adult

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (mobile): \_\_\_\_\_

Telephone (work): \_\_\_\_\_ Email: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_ Occupation: \_\_\_\_\_

Describe your horse experience (if any): \_\_\_\_\_

How did you hear of Hearts & Hooves? \_\_\_\_\_

Do we have your permission to request a background check on you?    \_\_\_\_ No    \_\_\_\_ Yes

Have you ever been convicted of a misdemeanor or felony? \_\_\_\_ No    \_\_\_\_ Yes    If yes, when? \_\_\_\_\_

In order to create the most meaningful volunteer experience, your input is valuable to us. Please tell us your expectations, goals or objectives for volunteering with our program:

\_\_\_\_\_  
\_\_\_\_\_

**Please indicate your choice of times to volunteer in order of preference (1<sup>st</sup>, 2<sup>nd</sup>, etc); mark all available times.**

	Mon	Tues	Wed	Thu	Fri	Sat
8:00 am						
9:00 a.m.						
10: 00 a.m.						
11:00 a.m.						
12:00 p.m.						
1:00 p.m.						
2:00 p.m.						
3:00 p.m.						
4:00 p.m.						
5:00 p.m.					X	X
6:00 p.m.					X	X

**How would you like to support Hearts & Hooves and our special equestrians?**

Horse handler: \_\_\_\_\_ Sidewalker: \_\_\_\_\_ Fundraising/marketing: \_\_\_\_\_

Grounds Maintenance: \_\_\_\_\_ Cleaning: \_\_\_\_\_ Public relations: \_\_\_\_\_

Clerical: \_\_\_\_\_ Gardening: \_\_\_\_\_ Photography: \_\_\_\_\_

Crafts: \_\_\_\_\_ Other: \_\_\_\_\_

**Hearts & Hooves**  
**Medical History & Emergency Contact Information (adult)**

Participant: \_\_\_\_\_ Rider  Volunteer  Staff   
DOB: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F  
Address: \_\_\_\_\_ City: \_\_\_\_\_ AR Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_ Mobile: \_\_\_\_\_

**In case of an emergency, the following person(s) is authorized to act on my behalf:**

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Physician Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Hospital preference: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

Are there any known allergies (such as animal, insect, etc.) and/or health conditions (asthma, heart, high blood pressure, seizures, etc.) that might be affected by participation in activities at Hearts & Hooves? Y N If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Do you have any physical and/or mental health conditions, problems and/or disabilities which may affect your ability to safely ride a horse or participate in the activities for which you have completed this form? Y N If yes, please specify (a statement from your physician may be required). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MEDICATIONS (include prescription & over-the-counter: name, dose, & frequency and reason for taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your physician or any treating specialist expressed concerns about you riding or being near horses? Y N  
If yes, please attach a statement from the physician allowing for participation in these activities.

**In the event of an emergency, I \_\_\_\_\_ consent / \_\_\_\_\_ do not consent to be treated by a doctor or trained medical professional at the stables or at a clinic or hospital near Hearts & Hooves.**

I have completed the above information to the best of my knowledge and will assume the responsibility for my own health and safety during any activity associated with Hearts & Hooves.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Participant

## Hearts & Hooves Barn Rules

Hearts & Hooves wants to provide you and our special equestrians the most meaningful riding experience. To help assure your enjoyment and safety, we ask that you observe the following guidelines at all times:

1. Please park in designated parking areas; do not block lane, shop door, drives or other vehicles.
2. All participants, family members and/or their guests are asked to stay in the designated “people areas” at all times unless explicitly instructed otherwise per occurrence. **Please do not go into barns or pastures unless specifically directed to by instructor (or allow siblings/guests to). Do not allow siblings or participants to play on wheelchair ramp or in entrance to arena.**
3. Please do not bring any personal pet(s) to the Stables; if you must, keep them in your vehicle.
4. Please respect this property. Place trash in designated receptacles.
5. **No running, yelling or smoking around the horses by participant or family member – you may scare the horse.** This includes while in direct contact with the horse as well as areas near the horse, i.e., waiting to mount, in bleacher area, **siblings watching lessons**, etc. This includes no running or jumping on the bleachers.
6. **No gum or candy is allowed while in contact with the horse;** a participant may choke if the horse makes a sudden start or the horse may end up a mess if the drink, gum or candy is dropped! Volunteers and staff are role models. Drinks are only allowed if specifically approved by instructor each occurrence.
7. Smoking anywhere at the Stables is forbidden; smoke may scare the horses as well as present a fire hazard if the cigarette is improperly disposed of. No smoking in any of the barns or buildings. **If you must smoke, please do so in your car and take any cigarette butts with you off property.**
8. Many horses are not accustomed to strangers and/or children. For your protection, do not pet horses that are not used in your lesson. Always keep hands away from the horses’ mouth and nose.
9. When approaching a horse, speak softly; a startled horse may kick or pull. Never tease or abuse a horse; bad and dangerous habits may develop.
10. Do not feed the horses treats unless supervised by an instructor. Fingers can sometimes be mistaken for carrots and some of our horses don’t have the teeth to chew the treats! In addition, please do not put your hands on the muzzle (mouth) of the horse; although soft and inviting, it may teach a horse to nibble and therefore scare or injure a rider.
11. Horses should never be tied to stall doors in the barns or cross-boards on the fence (use posts instead).
12. Do not use barn owned or boarded horses, tack, etc. without consent every usage.
13. There are only two telephone lines at the stables, which you are welcome to use for local calls. Since it is a business phone, please limit your calls to 5 minutes.
14. Hearts & Hooves has many animals other than horses. Although Hearts & Hooves does not expect any harm, petting any of these animals is at the individual’s risk. As with any animal, instinct due to fright or perceived danger may cause the animal to react accordingly.
15. **Climbing or playing in or on stored hay, fences, wheelchair ramp or gates is prohibited for participants or for guests.** Please stay out of all restricted areas and do not climb on any fences for your safety and the safety of our participants.

I have read the above rules and have been given a chance to ask questions concerning the ones that I do not understand. I agree to adhere to these rules and to explain them to any guest(s) that may come out with me at any time.

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Signature - Participant/Volunteer

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Date

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Signature - Parent or Legal Guardian

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Date

**Hearts & Hooves**  
**ADULT RELEASE OF LIABILITY**  
**Photo Release and Confidentiality Agreement**

I, \_\_\_\_\_, being 18 years of age or older, agree to participate in activities relating to horses, either on my own horse(s) or on horse(s) provided by Hearts & Hooves, including but not limited to assisting participants, grooming, leading, and/or horseback riding at Hearts & Hooves.

I understand that the activity of riding or working with or around horses involves numerous risks of injury including loss of control, collisions or obstacles. I understand that an animal, irrespective of its training, and usual past behaviors and characteristics, may act or react unpredictably at times, based upon instinct or fright. I acknowledge that these are inherent risks to be assumed by each participant on the activity and that I participate at my own risk. I agree to fully assume any risks of injury or death in connection with my activities or caused by participation in any activity at Hearts & Hooves.

I acknowledge that if I have any allergies (i.e. insect, animal, etc.) or known medical conditions (i.e., asthma, high blood pressure, etc.) that might be affected by participation in horse activities that I am responsible for providing and administering the necessary medications. I understand that although Hearts & Hooves strives for and promotes safety in equine activities, I am solely responsible for my health and safety at all times.

I am aware that Hearts & Hooves, its advertising agencies, news media and any other persons interested in its work may periodically film and take photographs. **They \_\_\_\_\_ may / \_\_\_\_\_ may not use pictures or videos of me and/or audio recordings of my voice.**

I have read all the information supplied by Hearts & Hooves, and any questions I have about the activities or this or any other form have been answered. I recognize that accidents do occur and that certain risks and dangers exist in all activities. These risks include, but are not limited to, loss or damage to personal property, injury or fatality due to participation in activities, accident or illness in remote places, and accidents while traveling to and from activity sites. I understand that Hearts & Hooves does not carry any insurance on any horse or persons involved in any horse related activity if I bring my own horse or any other onto the property.

In consideration of my involvement with Hearts & Hooves, I personally assume any and all risks in connection with my participation in the activities and I, on behalf of myself, my spouse, my heirs, assigns, and legal or personal representatives, hereby release all claims, including negligence, arising out of this participation and associated activities while on the premises and I hereby indemnify and hold harmless Hearts & Hooves, Inc., their successors and assigns, their agents and employees, and their sponsors or affiliates from any liabilities, actions, and claims, including negligence, arising from any accident or injury to my person or property.

**I understand that all information (written and/or verbal) about any and all participants at this center is confidential and will not be shared with anyone outside the center without the express written consent from center management. I also understand that any pictures or videos I take while at Hearts & Hooves may not be published or forwarded in any format, including social media, without written consent from Hearts & Hooves.**

I acknowledge that I have carefully read this agreement, that I fully understand its contents, and that I sign this form with full cognizance of its nature and effect. I acknowledge that the terms herein are contractual and not a mere recital. I further acknowledge that I am aware that I am releasing certain legal rights that I otherwise may have and that I am entering into this contract in behalf of myself and/or my family of my own free will.

By signing this release, I acknowledge that I have carefully read the foregoing and that I fully understand its contents.

**THIS IS A RELEASE OF LIABILITY: DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH THE TERMS.**

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature (if applicable)

\_\_\_\_\_  
Date



**Hearts & Hooves**

A Therapeutic Riding Center  
and 501(c)(3) Corporation

## Volunteer Background Report Disclosure and Authorization

### Disclosure Regarding Volunteer Background Report

Hearts & Hooves, Inc. ("COMPANY") may obtain from Verified Volunteers, 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860. www.verifiedvolunteers.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with volunteerism. Verified Volunteers may obtain further reports throughout your volunteerism so as to update your report without providing further disclosure or obtaining additional consent.

The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, credit reports and credit history information; criminal and other public records and history; public court records; motor vehicle and driving records; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, and other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be for personal references.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

### Authorization to Obtain Volunteer Background Report

I have read the Disclosure Regarding Volunteer Background Report provided by Hearts & Hooves, Inc. ("COMPANY") and this Authorization to Obtain Volunteer Background Report. By my signature below, I hereby consent to the preparation by Verified Volunteers, a consumer reporting agency located at 113 South College Avenue, Fort Collins, CO, 80524, (855) 326-1860, www.verifiedvolunteers.com, of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a volunteer decision involving me at any time after receipt of this authorization and throughout my volunteerism, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, to furnish any and all information regarding me to Verified Volunteers and/or the COMPANY itself, and authorize Verified Volunteers to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT."

Volunteer Name (Printed): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_



# Hearts & Hooves

A Therapeutic Riding Center  
and 501(c)(3) Corporation

Date: \_\_\_\_\_

## Volunteer Information:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Phone Number: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Other Names Used (alias, maiden name, etc.): \_\_\_\_\_

### Address History (Within the last seven years):

Address 1: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address 2: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address 3: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Address 4: \_\_\_\_\_ From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

\*You may choose not to complete the above information if you log onto [www.verifiedvolunteers.com](http://www.verifiedvolunteers.com) yourself to initiate the process. You may pay the fee at that time, and will have full access to your background check to share with Hearts & Hooves, as well as other organizations. If you would like Hearts & Hooves to go through the process on your behalf, please fill out the above information and provide a check (made payable to Hearts & Hooves) or cash in the amount of \$10.00 to cover the cost of the report. A copy of your background check can be printed for you upon request if you choose to have Hearts & Hooves process it.

**I choose to initiate and submit my background check directly to Verified Volunteers. I also agree to pay for the background check in full and provide a copy of the background check to Hearts & Hooves within 30 days.**

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# A Summary of Your Rights under the fair credit reporting act

Para informacion en espanol, visite [www.ftc.gov/credit](http://www.ftc.gov/credit) o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580. The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.ftc.gov/credit](http://www.ftc.gov/credit) or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report;
  - You are the victim of identify theft and place a fraud alert in your file;
  - Your file contains inaccurate information as a result of fraud;
  - You are on public assistance;
  - You are unemployed but expect to apply for employment within 60 days.
 In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	<b>Federal Trade Commission: Consumer Response Center - FCRA -</b> Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	<b>Office of the Comptroller of the Currency Compliance Management</b> Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	<b>Federal Reserve Board Division of Consumer &amp; Community Affairs</b> Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	<b>Office of Thrift Supervision Consumer Complaints</b> Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	<b>National Credit Union Administration</b> 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	<b>Federal Deposit Insurance Corporation Consumer Response Center</b> 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	<b>Department of Transportation Office of Financial Management</b> Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	<b>Department of Agriculture Office of Deputy Administrator - GIPSA</b> Washington, DC 20250 202-720-7051