

STAT® Inc.
Ligonier Therapeutic Center
Volunteer Application



Name (First, Last): _____ Date of Birth: _____
Address: _____ City: _____ Zip Code _____
E-mail Address: _____
Home Phone: _____ Work: _____ Cell: _____
Parent/Caregiver Name(s), if under age 18 or dependent adult: _____
Parent/Caregiver Contact Information, if different from above: _____
Primary Emergency Contact (Name and Phone number): _____
School/Group Association Name (if applicable): _____
Name of person in charge of group (if applicable): _____
Please indicate the day(s) and time(s) you will be volunteering: _____

Health History:

Please list any allergies or conditions that may affect you during the time at which you are volunteering:
(Easily fatigued, asthma, allergic to bee stings, any major surgeries or conditions that STAT would need
to be notified of in the event of an emergency)

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury to me or my child while being on the property of the agency, I authorize STAT to secure and retain medical treatment and transportation if needed and to release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent:

Yes No

Signature: _____ Date: _____

Confidentiality Agreement

I understand that all information (written and verbal) about participants at STAT is confidential and **will not be shared with anyone** without the expressed written consent of the participant and their parent/guardian in the case of a minor. This includes all medical, social, referral, personal, financial, and otherwise sensitive information. I understand that individuals who breach confidentiality will be removed from the STAT program.

Signature: _____ Date: _____



Photography Consent

I understand that STAT often takes still pictures and/or videos of students, clients, volunteers and instructors for a variety of reasons. I authorize STAT to take still and/or video photographs of myself, or the individual for which I am legally responsible.

Consent:

Yes

No

Signature: _____ Date: _____

HORSE EXPERIENCE:

Are you comfortable around horses? No Yes Somewhat. I'm not sure

Do you or have you owned horses? No Yes For how long? _____

Have you ever worked with horses? No Yes In what capacity? _____

Have you had formal lessons or training in working with horses? No Yes

If yes, please list the type and amount of training you have had: _____

Do you ride or drive? No Yes If yes, please describe the type of riding/driving and your experience. _____

OTHER:

Are you comfortable around people with disabilities? No Yes I'm not sure.

Have you ever worked with people with disabilities? No Yes In what capacity? _____

Please describe any special skills, training, or talents that you feel might be helpful to us. _____

Please tell us why you would like to volunteer at STAT. _____

How did you hear about STAT? _____



Please indicate by checking the box of the activities you are interested in

Facility/Horses

- Grooming
- Tacking
- Feeding
- Training/Exercising
- Facilities Maintenance

- Barn Chores
- Grounds Maintenance

Other: _____

Lessons/Students

- Side walking
- Leading a Horse
- Instructing
- Set Up/Clean Up
- Curriculum Development
- Activity Boards
- Assisting Students

Other: _____

Program/Administration

- Office Work
- Fund Raising
- Public Relations
- Photo/Videotaping
- Data Collection

- Grant Writing
- Planning/Organizing
- Board Position

Other: _____

Background Information Consent

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain _____

I, (print name) _____ consent to authorize STAT to receive all information from any law enforcement agency, including police departments and sheriff's departments, of any state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had, including but not limited to crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as a volunteer, and that I expressly DO NOT authorize STAT, its directors, officers, employees, or other volunteers to disseminate this information in any way to any individual, group, agency, organization, or corporation.

Volunteer/Parent/Guardian/Caregiver Signature



Release of Liability

To be completed by the adult participant, participant's parent, or participant's legal representative.

This release of liability is made and entered into on this date, _____, by and between Southern Tier Alternative Therapies, Inc., hereinafter known as STAT, and staff/participant/volunteer (print name), _____, hereinafter known as participant, and (if a minor or incompetent adult) participant's parent, legal guardian, or legal representative (print name) _____. In return for participation in STAT's therapeutic horseback riding activities, special events and fundraisers, the participant, his/her heirs, assigns, and legal representatives hereby expressly agree to the following:

1. Participant agrees to assume any and all risks involved in or arising from participant's participation or presence upon the property and facilities, including, without limitation, but not limited to the risks of death, bodily injury, property damage, falls, kicks, bites, collisions with vehicles, horses, or stationary objects, fire or explosion, the unavailability of emergency medical care, or the negligence or deliberate act of another person.
2. Participant agrees to hold STAT and all of its successors, assigns, subsidiaries, franchisee, affiliates, officers, directors, employees, agents, and boarders completely harmless and not liable and release them from all liability whatsoever and agrees not to sue them on account of or in connection with any claims, causes of action, injuries, damages, costs or expenses arising out of participant's participation and/or presence upon STAT's property and facilities, including without limitation, those based on death, bodily injury, property damage, including consequential damages, except if the damages are caused by the direct willful and wanton negligence of STAT.
3. Participant agrees to waive the protection afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material, or otherwise, which the person giving the release does not know or suspect to exist at the time of executing the release.
4. Participant agrees to indemnify and defend STAT against, and hold it harmless from, any and all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees, which in any way arise from participant's participation and/or presence upon STAT's property or facilities.
5. This contract is non-assignable and non-transferable and is made and entered into the Commonwealth of Pennsylvania and shall be enforced and interpreted under the laws of this state. Should there be any clause in conflict with State Law, then that clause is null and void. When STAT and participant or participant's parent, legal guardian, or adult caregiver signs this contract, it will then be binding on both parties, subject to the above terms and conditions.

Participant/Parent/ Legal Guardian/Legal Representative

Date

STAT Representative Signature

Date