



Cincinnati Therapeutic Riding  
and Horsemanship

## BIOGRAPHICAL

Name: \_\_\_\_\_  
*First Middle Last Suffix*

Did you volunteer in 2020:      Yes      No

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone Type:      Home      Mobile      Business

Email: \_\_\_\_\_ Email Type:      Home      Business      School

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

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

Has your contact information recently changed (since you last completed paperwork):      Yes      No

Parent / Guardian Information:

*If you are under the age of 18, please provide the following information:*

Name: \_\_\_\_\_  
*First Middle Last Suffix*

Phone: \_\_\_\_\_ Phone Type:      Home      Mobile      Business

Email: \_\_\_\_\_ Email Type:      Home      Business      School

## EMPLOYEMENT

Employment Status:      Full-Time      Part-Time      Self-Employed      Unemployed      Retired      Student      Other \_\_\_\_\_

Occupation: \_\_\_\_\_

Current / Retired Employer: \_\_\_\_\_

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

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



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**EDUCATION**

School: \_\_\_\_\_

Area(s) of Study / Degree: \_\_\_\_\_

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

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

**VOLUNTEER EXPERIENCE**

Please list any programs/agencies for whom you have volunteered in the past five years include dates and responsibilities:

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

**VOLUNTEER QUESTIONNAIRE**

How did you first learn about Cincinnati Therapeutic Riding and Horsemanship:

School

Volunteer Agency / Fair

CTRH Website

Friend / Family / Current Volunteer

Local News / Newspaper

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

Driving by Facility

Do you have experience working with horses?      Little/None      Some      Considerable

Please describe your experience working with horses: \_\_\_\_\_

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



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Do you have training or experience working with people with disabilities?      Yes      No

Please describe your experience working with people with disabilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to walk for 45 minutes and job short distances?      Yes      No

If no, please explain: \_\_\_\_\_

What is your availability? (select all that apply)

Weekday Mornings

Weekday Afternoons

Weekday Evenings (Tue, Wed, Thu)

Saturday Mornings

If given a chance to change sides, are you able to hold your arm above shoulder height and support a rider's weight?

Yes      No

Please provide one or more reasons you are interested in volunteer for Cincinnati Therapeutic Riding and Horsemanship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cincinnati Therapeutic Riding and Horsemanship needs volunteers with special skills, training, and talents. Please select areas where you would like to contribute:

Horse Care / Barn Work

Special Events

Website Development

Side Walking

Fundraising

IT / Computers

Horse Leader

Marketing

Art / Photograph

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

Have you ever been arrested for, or convicted of, a crime against a person or animal?      Yes      No



**REFERENCES**

Please list two or more people, who are not related to you, who can provide a personal/professional reference:

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*Name* *Relation* *Phone*

---

*Name* *Relation* *Phone*

---

*Name* *Relation* *Phone*

**PHOTO RELEASE**

I  DO  I DO NOT consent to and authorize the use and reproduction by Cincinnati Therapeutic Riding and Horsemanship of any and all photographs and other audio-visual materials taken of me for promotional material, educational activities, exhibits, electronic publications (including websites) or for any use for the benefit of the program.

Name: \_\_\_\_\_  
*First* *Middle* *Last* *Suffix*

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

**VOLUTNEER CONFIDENTIALITY POLICY**

It is the policy of Cincinnati Therapeutic Riding and Horsemanship to respect the privacy of riders/participants, volunteers, and personnel and hold in confidence all information obtained in the course of service. Information considered to be confidential includes all medical, familial, social, referral, personal and financial concerns regarding a participant and/or his/her family; volunteer or personnel. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family; CTRH staff, volunteer or other associated with CTRH; or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation. Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing therapeutic riding services to the participant/rider. This information will be used solely for therapeutic riding purposes. Otherwise, information and confidences will not be disclosed to anyone, except: (1) as mandated by law; (2) to prevent a clear and immediate danger to a person or persons; (2) where requested in a civil, criminal, or disciplinary action arising from the therapy (in which case rider/participant confidence may only be disclosed in the course of action); (4) if there is a waiver previously obtained in writing and then such information may only be revealed in accordance with the terms of the waiver; and (5) as required for accreditation reviews.



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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

### **VOLUNTEER RELEASE OF LIABILITY**

As a volunteer with Cincinnati Therapeutic Riding and Horsemanship, I acknowledge the risks and potential for risks of horseback riding, hippotherapy and horse related activities and programs. However, I feel the possible benefits to myself and the participant(s) I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages, known or unknown whether existing on the date of agreement or in the future, against Cincinnati Therapeutic Riding and Horsemanship, its Board of Directors, employees, instructors, therapists, volunteers, equines, and equine owners, for any and all injuries and/or losses I may sustain while participating in Cincinnati Therapeutic Riding and Horsemanship. I understand that some of the inherent risks in equine activity include, but are not limited to: (A) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (B) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons or other animals; (C) hazards, including, but not limited to, surface and subsurface conditions; (D) a collision with another equine, another animal, a person, or an object; (E) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

Name: \_\_\_\_\_  
*First Middle Last Suffix*

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

### **VOLUNTEER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event emergency medical aid/treatment is required, due to illness or injury, during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship, I authorize Cincinnati Therapeutic Riding and Horsemanship to: (1) secure and retain medical treatment and transportation, if needed; (2) release records upon request to the authorized individual agency involved in the medical emergency treatment; (3) allow for treatment including x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the person(s) below are unable to be reached.



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I DO consent to the emergency medical treatment plan as stated above

I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship

Name: \_\_\_\_\_  
*First Middle Last Suffix*

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

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

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

Preferred Medical Facility: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Emergency Contact(s):

\_\_\_\_\_  
*Name Relation Phone*

\_\_\_\_\_  
*Name Relation Phone*

\_\_\_\_\_  
*Name Relation Phone*

**Non-Consent Plan:** I DO NOT give consent for emergency medical treatment/aid in the case of illness or injury during the process of providing or receiving services or while being on the property of Cincinnati Therapeutic Riding and Horsemanship In the event emergency treatment/aid is required, I wish the following procedure to take place:

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



Cincinnati Therapeutic Riding  
and Horsemanship

Name: \_\_\_\_\_  
*First Middle Last Suffix*

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

**COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE FO SERVICES**

As of May 12, 2020: Required for ALL staff, volunteers, contractors, visitors and clients. I am aware of the risks of contracting or spreading Covid-19 while working or volunteering at Cincinnati Therapeutic Riding and Horsemanship (CTRH); attending an event; and/or receiving face-to-face services from CTRM during the time of a pandemic outbreak, and/or Ohio Governor Mike DeWine’s declaration fo Responsible Restart Ohio. I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 Coronavirus or other disease or illness and agree to release, indemnify and hold harmless CTRH and its officers, mangers, agents, employees, volunteers, participants and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization, from any and all claims, demands, causes of action or damages resulting or related in any way to such receiving of services, providing services, attending an event or volunteering at or through CTRH. I agree to and will follow all guidelines for personal hygiene, personal safety and public safety as recommended by Governor DeWine, as well as my individual provider or practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to ender the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective mask and glove. I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 24 hours to two weeks, including: cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during the pandemic. CTRH will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, restrooms, doors, and frequently touched areas in-between clients and on daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

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Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

**VOLUNTEER RESPONSIBILITIES**

I have reviewed the Volunteer Responsibilities Description online (<https://www.ctrhequinetherapy.org/volunteer>)



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**Discretion:** Volunteering at Cincinnati Therapeutic Riding and Horsemanship is at the sole discretion of CTRH. If at any time the CTRH staff determines that volunteering at CTRH is not an appropriate activity for a volunteer, CTRH may remove a volunteer from the program. CTRH will not tolerate any volunteer who engaged in disruptive conduct, exhibits behaviors that are unacceptable or unsafe, and/or is disrespectful to others. I understand my work for Cincinnati Therapeutic Riding and Horsemanship is being provided in a volunteer capacity and I will not receive any compensation or any other benefit in connection with the volunteer position.

Name: \_\_\_\_\_  
*First Middle Last Suffix*

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

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*if under the age of 18*

**PHILANTHROPY**

Being a nonprofit organization, Cincinnati Therapeutic Riding and Horsemanship is always looking to expand our donor base. As a volunteer, you contribute your time and talent. You may also have the key(s) to assist in raising critically needed funding.

Does your current/retired employer offer a Matching Gift program?      Yes      No      Unknown

Have you ever requested a Matching Gift for CTRH:      Yes      No      Employer does not match gifts

Would you consider requesting a Matching Gift for CTRH?      Yes      No      Employer does not match gifts

Does your current/retired employer provide grants/sponsorships in support of nonprofits?      Yes      No      Unknown

Would you consider working with CTRH to request a grant/sponsorship from current/retired employer?      Yes      No

Are you interested in learning more about supporting our fundraising efforts?      Yes      No  
*(i.e. serving on an event committee, soliciting gifts on behalf of CTRH, or providing administrative support)*