



M.E.S.A. Therapeutic Horsemanship, Inc.

### Volunteer Information Form

Updated 2018

FOR OFFICE USE ONLY

Classroom Training Date: \_\_\_\_\_

Barn Training Date: \_\_\_\_\_

\_\_\_\_ Release of Liability

\_\_\_\_ Media Consent

\_\_\_\_ Confidentiality Agreement

Staff Initials: \_\_\_\_\_

M.E.S.A. Therapeutic Horsemanship provides equine-related therapy activities to individuals with disabilities within Sublette County, Wyoming. The mission of M.E.S.A. is to promote self-esteem, self-confidence, physical independence, and social interaction through equine-related activities. Please join us in our mission and share your passion for horses with individuals who may not have had the opportunity otherwise. In return, you will gain a truly unique experience through touching the lives of others. Whether you are new to horses, or an expert, have past experience working with people with disabilities or none at all, like the outdoors or would prefer to help in the office, we invite you to join our program. Your interest and commitment as a volunteer is invaluable to our mission. Oh behalf of the staff and participants of M.E.S.A., THANK YOU in advance,for your help in making our program successful!

Please return form to: PO Box 516, Pinedale, WY 82941  
or email to: [subletterides@gmail.com](mailto:subletterides@gmail.com)

GENERAL INFORMATION:

Today's Date: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

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

Last

First

Middle Initial

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Best way to reach you: \_\_\_\_\_

EMERGENCY INFORMATION:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Do you have any medical conditions or allergies that we should know about? YES NO

If yes, please explain. \_\_\_\_\_

VOLUNTEER EXPERIENCE (FOR NEW VOLUNTEERS ONLY):

Please list any prior volunteer experience that you have: \_\_\_\_\_

Please list any professional certificates, skills, or trainings completed: \_\_\_\_\_

Please list any special communication skills (sign language, bi-lingual): \_\_\_\_\_

Will you be receiving school or community service credit for you volunteer work? YES NO

If YES, how many hours will you need to complete? \_\_\_\_\_

EQUESTRIAN EXPERIENCE:

Please explain any personal experience that you have had with horses or therapeutic riding activities:

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As a volunteer, you may be asked to lead walk or run beside the horse for up to an hour per lesson, off and on, in varying weather conditions or unstable footing. Do you have any physical limitations that would make this difficult for you? YES NO If yes, please explain:

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PROGRAM & VOLUNTEER INTERESTS:

Please check additional skills you may be willing to contribute to the organization:

|  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Big Piney Riding Lesson Volunteer | <input type="checkbox"/> Big Piney Program Volunteer, other than horses |  |  |
| <input type="checkbox"/> Pinedale Riding Lesson Volunteer  | <input type="checkbox"/> Pinedale Program Volunteer, other than horses  |  |  |
| <input type="checkbox"/> Event Planning                    | <input type="checkbox"/> Photography                                    | <input type="checkbox"/> Arts & Crafts         | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Newsletter                        | <input type="checkbox"/> Equipment Maintenance                          | <input type="checkbox"/> Office Administration | <input type="checkbox"/> Fundraising   |
| <input type="checkbox"/> Farrier Services                  | <input type="checkbox"/> Web Design                                     |  |  |
| Other: _____   |   |  |  |

MEDIA / PHOTO CONSENT

I DO

I DO NOT

authorize and give my full consent to M.E.S.A. Therapeutic Horsemanship, Inc. to copyright and/or publish any and all photographs, quotes & statements, videotapes and/or film in which I appear while attending any M.E.S.A. events and activities. I further agree that M.E.S.A. may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, publications, public displays, commercials, art and advertising purposes, and television programs without limitations or reservations. I acknowledge, understand, and support M.E.S.A.'s plans to compile and publish a book, calendar, or similar materials for M.E.S.A. to use as advertising and fundraising containing volunteer and rider photographs and quotes each year. These products will be also be used to thank large donors for their support throughout the year.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Participant or Parent/Legal Guardian if under Age 18.



## Confidentiality Agreement

As a volunteer of M.E.S.A. Therapeutic Horsemanship, Inc., I acknowledge that I may have access to the organization's data, plans, decisions, and/or other confidential information such as financial statistics, employee data, client lists and information or marketing plans. No volunteer may use or release this kind of information to others for their own use, personal profit, or benefit. This applies to the use of confidential information about agencies with which M.E.S.A. has, or is considering, an association.

You must regard personal information about employees, and other volunteers, as confidential in order to preserve the privacy of your colleagues. Employees and/or volunteers who handle confidential information or who have access to such information, whether physical, electronic, or otherwise, are responsible for the careful use, distribution, and disposal of such information.

Employees and volunteer must also handle and respect client confidential information. Except as permitted by law and company policy, volunteers shall not:

- Disclose personal information about clients to unauthorized persons;
- Disclose client information or the location of clients to any unauthorized persons;
- Tamper with or intrude upon any voice, video, data, or fax transmissions; or
- Allow access to any communication distributed or transmitted by the company.

I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone without the express written permission from my supervisor or record or post it in an accessible location and will refrain from performing any tasks using another's password.

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***Prospective Volunteer Signature***

***Volunteer Printed Name***

***Date***

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***Parent/Guardian Signature, if under 18 years of age***

***Printed Name***

***Date***