

## M.E.S.A. Therapeutic Horsemanship, Inc. **Volunteer Information Form**

FOR OFFICE USE ONLY
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

Today's Date:	Date Of Rirth:			
Name:				
Last	First			Middle Initial
Mailing Address:	City:		State:	Zip:
Primary Phone:	Alternate Phone:			
Email:		_ Best w	ay to reach	you:
EMERGENCY INFORMATION: Contact Name:		Relati	onship: _	
	Alt. Phone:			
Do you have any medical condition	ns or allergies that we should know about?	YES	NO	
If yes, please explain.				
VOLUNTEER EXPERIENCE (FOR	R NEW VOLUNTEERS ONLY):			
Please list any prior volunteer expe	erience that you have:			
Please list any professional certific	ates, skills, or trainings completed:			
_				
Please list any special communica	tion skills (sign language, bi-lingual):			
Will you be receiving school or con	nmunity service credit for you volunteer work?	YES N	0	
If YES, how many hours will you no	eed to complete?			

AVAILABILITY: Please mark the days, times, and any events that you would like to volunteer:

Tuesdays

Pinedale

Wednesdays

Big Piney

Time/Day

Morning  Afternoon  Evening  Please mark: Spring, Summer, or Fall  EQUESTRIAN EXPERIENCE:  Please explain any personal experience that you have had with horses or therapeutic riding activities:  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 condit unstable footing. Do you have any physical limitations that would make this difficult for you? YES NO If yes, please explain:  ROGRAM INTEREST:  ease check additional skills you may be willing to contribute to the organization:  Event Planning Photography Arts & Crafts Grant Writing  Newsletter Equipment Maintenance Office Administration Fundraising  Farrier Services Web Design Other:  MEDIA / PHOTO CONSENT  I DO  I DO NOT  Ithorize and give my full consent to M.E.S.A. Therapeutic Horsemanship, Inc. to copyright and/or publish any and I 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 in divided the publish a book, calendar, or similar materials for M.E.S.A. to use as advertising and fundraising containing volteer and rider photographs and quotes each year. These products will be also be used to thank large donors for eir support throughout the year.					October	June	
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Rendezvous

Weekend

Thursdays,

Pinedale

MESA Golf

Tourney

June

Other

MESA Horse

Show -

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.

Prospective Volunteer Signature	Volunteer Printed Name	Date
Parent/Guardian Signature, if under 18 years of age	Printed Name	Date