

Courageous Hearts LLC. 8848 September Way, Lincoln De 19960 302-593-1378

Volunteer Information Form

Name _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell, _____
Which phone number is the best to reach you? _____
Date of Birth _____
E-mail _____

In Case of Emergency (MANDATORY)

Please contact:
Name _____ Relationship _____
Home Phone _____ Work Phone _____ Cell, _____
Address _____ City _____ Zip _____
Physician _____ Phone _____

Date _____ Signature _____

Parent signature for volunteers under the age of 18

Volunteer Liability Release (MANDATORY)

I acknowledge that all therapeutic and learning activities involving horses entail known and unanticipated risks, which could result in physical or emotional injury, paralysis, death or damage to me, to property or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

I expressly agree and promise to accept and assume all the risks existing in these activities. My participation in these activities is purely voluntary and I elect to participate in spite of the risks.

I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in these activities, or on the premises at Little Bit Acres or else I agree to bear the costs of such injuries or damage to myself. I further certify that I have no medical or physical conditions, which would interfere with my safety in these activities, or else I am willing to assume-and bear the cost of- all risks that might be created, directly or indirectly, by any such condition.

I agree to hold harmless and indemnify Courageous Hearts LLC, Compassionate Hearts Inc., Little Bit Acres, all owners, employees, contractors and subcontractors to Courageous Hearts LLC and Learning Center and Compassionate Hearts Inc and release them from any liability or responsibility for accident, damage, injury, illness or death to undersigned or any family members or spectator accompanying the undersigned.

WARNING
Under Delaware Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to 10 Delaware Code Section 8140.

Date _____ Signature _____

Date _____ Signature _____

Parent signature for volunteers under the age of 18

I give my consent to Courageous Hearts LLC to secure medical transportation and treatment, including xray, surgery, hospitalization and medication _____

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place _____

I understand that all clients information, any and all records, and forms are the sole property of Courageous Hearts LLC. All information is confidential and I agree to abide by this

signature _____

Video Tape and Photography Agreement

I agree to videotaping and photography of myself and/or minor child participating in equine assisted learning activities. I authorize Courageous Hearts LLC to use my likeness for the purpose of promotional materials without compensation for myself.

Signature of participant	Date	Signature of parent or guardian	Date
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Additional Information

Program Volunteer Facility/Barn Administration

How did you learn about Courageous Hearts LLC? _____

State law allows agencies to do background screening on volunteers working directly with children. Do you authorize us to do so? _____

Can you walk for 60 minutes and jog short distances? _____

Do you have any medical conditions we should know about? If so, please describe _____

Please describe if you have experience working with individuals who have special needs _____

Please state availability (days and hours) _____

Areas you would like to volunteer:

barn chores	EAL/EAP facilitation	EAL/EAP support	
Horse care	grounds care	professional therapist	equine professional
Fundraising	grant writing	photography	community connections
Camp assistant	supply acquisition	volunteer recruiter	office duties (file, emails etc)

Note any other skills you may bring to Courageous Hearts LLC _____
