

TEAM
Volunteer/Staff Information Form
(Please Write Clearly)

General Information

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Employer/School: _____

Work Address: _____ City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Date of Birth: _____

Parent/Legal Guardian Name and Address: _____

How did you learn about MSU 4-H TEAM? _____

Horse Experience

Please provide a brief description of your experience with horses:

Have you ever volunteered with a therapeutic riding center? _____

Describe your experience with:

a) Leading a horse _____

b) Sidewalking

c) People with disabilities _____

Check the areas in which you are interested:

Horse Handler/Leader*	Yes	No	Side walker	Yes	No
Spotter during class	Yes	No	Arena set-up/take-down	Yes	No
Exercise horses*	Yes	No	Clean tack	Yes	No
Rider greeter/hospitality	Yes	No	Publicity	Yes	No
Volunteer manager	Yes	No	Groom and tack horses	Yes	No

**Requires horsemanship/riding skills*

Recent Medical Tests:

Date of Last Tetanus Shot: _____ Tuberculosis Test +/- Date: _____

(Consult your physician or local health department if you are not up-to-date with these shots/tests).

Health History

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone, or joint function, recent hospitalization/surgeries, or lifestyle changes. _____

Allergies: _____

Medications: _____



4-H Adult Volunteer Application Form

Club/Unit No.: _____

Office Use

Club/Unit: _____ County: _____

Title: Mr. Mrs. Ms. Dr. (optional)

Name _____

First M.I. Last

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

OK to call at work? _____ Fax No. _____ E-mail _____

(yes/no)

Social Security No. _____ Year of Birth _____

(optional)

The purpose of the following is only to gather statistics and determine compliance with Civil Rights laws.

Race/ethnic origin:	Gender:	Residence:
<input type="checkbox"/> White	<input type="checkbox"/> Male	<input type="checkbox"/> Farm
<input type="checkbox"/> Black	<input type="checkbox"/> Female	<input type="checkbox"/> Rural area or town of less than 10,000
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> Town or city of 10,000-50,000
<input type="checkbox"/> Hispanic		<input type="checkbox"/> Suburb of a city of more than 50,000
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> City of more than 50,000
<input type="checkbox"/> Mixed		

Years as a 4-H leader _____ Were you ever a 4-H member? (yes/no) _____

(include this year)

Major leadership responsibilities (Circle if this is the first time you've served in this role):

<input type="checkbox"/> General (Main) Organizational Leader	<input type="checkbox"/> Activity Leader
<input type="checkbox"/> Master Volunteer	<input type="checkbox"/> Resource Leader
<input type="checkbox"/> Project Leader—list projects	<input type="checkbox"/> Other

Other 4-H clubs/units where you are a volunteer:

(Optional)

Did you participate in volunteer leader training last year? Yes No

If yes, have you implemented any skills/practices taught during the training? Yes No

About how many hours did you contribute to community service last year? _____

How many community service projects did you implement last year? _____

How many educational programs did you conduct last year (club programs, project training, workshops, etc.)? _____

Number of hours spent? _____

MISSISSIPPI STATE UNIVERSITY ACTIVITY PARTICIPATION AGREEMENT

In consideration for participating in the Mississippi State University 4-H TEAM Program (hereinafter "Activity") and other valuable consideration, I hereby RELEASE, WAIVE, and DISCHARGE Mississippi State University, the Board of Trustees of State Institutions of Higher Learning for the State of Mississippi, the State of Mississippi, their officers, servants, agents, and employees (hereinafter "RELEASEES") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me. WHETHER CAUSED BY THE NEGLIGENCE OF, OR A BREACH OF ANY EXPRESS OR IMPLIED CONTRACT BY, THE RELEASEES, OR OTHERWISE, WHILE PARTICIPATING IN SUCH Activity, or while in, on or upon the premises where the Activity is being conducted or while in transit during and to and from said Activity. I further acknowledge that the Releases, as public entities, do not carry liability insurance for this Activity and that in order to provide this Activity, and others like it, as part of the Releasees' educational program, it is essential that the Releasees not be subject to liability or such Activities sponsored by the Releasees may not be feasible in future public educational programs offered by the Releasees.

To the best of my knowledge, I can fully participate in this Activity, I am fully aware of the risks and hazards connected with the Activity, and I hereby elect to voluntarily participate in said Activity, and to engage in such Activity knowing that the Activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or any loss or damage to property owned by me, as a result of being engaged in such Activity.

I further hereby COVENANT NOT TO SUE the Releasees and AGREE TO INDEMNIFY AND HOLD HARMLESS the Releasees from any loss, liability, damages, or costs, including, but not limited to, court costs and attorney's fees, that may result from my participation in said Activity.

It is my express intent that this Activity Participation Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representative if I am not alive, and this Agreement shall be deemed as a RELEASE, WAIVER, DISCHARGE, INDEMNIFICATION, AND COVENANT NOT TO SUE the above RELEASEES. I hereby further agree that this Agreement shall be construed in accordance with the laws of the State of Mississippi.

I further understand that the Releasees are not responsible for any medical costs associated with any injury or illness I may sustain resulting from my participation in this Activity.

WARNING

Under Mississippi law, an equine activity or equine sponsor 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 this chapter.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Activity Participation Agreement, that I understand it, that I sign it voluntarily as my own free act and deed, and that no oral or written representation or statements of inducements, apart from the foregoing written agreement, have been made. If I am under twenty-one (21), I understand that a parent or guardian must also sign this Agreement indicating their separate and complete obligation to adhere to the terms of this Agreement. I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by same.

Participant's Signature Date

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Volunteer Liability Release

As a volunteer at TEAM, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients 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 against TEAM, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in TEAM.

Signature: _____ Date: _____

PHOTO RELEASE

- I DO
 I DO NOT

Consent to and authorize the use and reproduction by _____ (operating center) of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Background Information

Have you ever been charged with or convicted of a crime? Yes No If yes, please explain:

I, _____ (volunteer/staff), authorize _____ (operating center) to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individuals, group, agency, organization, or corporation.

Signature: _____ Date: _____
(Volunteer/Staff)

Current Driver's License Number: _____ State: _____
Expiration Date: _____

Consent for Emergency Medical Treatment

(See next page for Non-Consent for Emergency Medical Treatment)

Volunteer Name _____ Date of Birth _____

Parent/Guardian: _____

Address _____
Street City State Zip

Telephone _____
Home Phone Work Phone Cell Phone

Physician's Name _____

Address _____

Telephone _____

Preferred Medical Facility _____

Does the volunteer have any medical condition(s) requiring special precautions or treatments and any medications and dosage? Yes No If you answered "yes," please describe: _____

In case of medical emergency, the undersigned authorizes Mississippi State University, acting through the adult on its staff who has actual care, control, and possession of the child, to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Mississippi State University that he or she is the child's parent and either (a) is not divorced from the other parent, or (b) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Mississippi State University, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent from the undersigned.

No person can be accepted for volunteer work until this form has been completed by the parent/parents or guardian. If the person is of legal age (21), he or she may complete the form, if he or she is legally competent to do so. Although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Mississippi State University.

Yes, I would like _____ to assist as a volunteer with the MSU 4-H TEAM Program. If my child is a volunteer, I have discussed this with their physician. I understand that NO LIABILITY can be accepted by Mississippi State University, in the event of any accident which may occur.

Signature of Parent/Parents or Guardian

Date

Signature of Volunteer Over Age of 21

Date

Volunteer/Parent Insurance Carrier _____

Policy Number _____

Non-Consent for Emergency Medical Treatment

(Please note that you will *NOT* need to complete this Non-Consent for Emergency Medical Treatment Form *IF* you have already completed and signed the Consent Form on Page 10).

Volunteer Name _____ Date of Birth _____

Parent/Guardian: _____

Address _____
Street City State Zip

Telephone _____
Home Phone Work Phone Cell Phone

I do not give my consent for emergency medical treatment/aid in the event of illness or injury during the process of any participation on my part in the MSU TEAM Program. In the event emergency is required. I authorize Mississippi State University or its representative to take the following action in my behalf.

Please notify the following individual(s) in the event of an emergency:

Name Phone (Home) _____
Phone (Work) _____
Phone (Cell) _____

Name Phone (Home) _____
Phone (Work) _____
Phone (Cell) _____

No person can be accepted for participation in the MSU TEAM Program until either this form *or* the Consent for Emergency Medical Treatment form has been completed. If the person is of legal age (21), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent(s) or guardian. Activities will be supervised, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by Mississippi State University.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Signature of Volunteer Over Age of 21

Date

TEAM Therapeutic Riding

Statement of Confidentiality

It is the inherent right of all individuals to be respected as an equal. In all our programs, we are committed to maintaining the highest ethical standards with respect to personal information. Therefore, MSU 4-H TEAM has established this Statement of Confidentiality.

I, the undersigned, agree to hold in confidence all information given to me regarding any specific individual here at TEAM. All health histories and personal information regarding particular individuals is covered by this agreement.

Signed: _____

Dated: _____

Volunteer Termination Policy

I understand that volunteering for the MSU 4-H TEAM is a privilege. We appreciate all the skill, energy, and commitment that volunteers bring to our program. Sometimes it may be necessary to remove a volunteer from a specific class or from TEAM Programs.

I also understand that, for the sake of safety and in order to maintain the security and continuation of excellence in programming, an inattentive volunteer (or any individual) who cannot perform the functions or duties of a volunteer will be removed from classes, and may be placed in another area of the program, or asked not to return to the TEAM sessions.

Absolutely no intoxicated or chemically impaired volunteer will be allowed to assist with any TEAM operations. If there is any question regarding the ability of a volunteer to perform his/her duties, the TEAM staff will err on the side of caution and ask the individual to leave the program area and not return.

Signed: _____

Dated: _____