Standing Tall Life Skills Program VOLUNTEER APPLICATION								
General Volunteer Information								
Volunteer Name: Gender:  Gender:  Female								
Date of Birth: Employment: \( \) PT \( \) Student \( \) Retired								
Month Day Year Address:								
Street Address City Zip County  Email: Phone:								
Cell Home								
How did you hear about us? ☐ Website ☐ Facebook ☐ Newspaper ☐ Special Event								
Current Volunteer: Please provide the volunteer's name so we can thank him/her.	:							
Other:								
Volunteer Interests								
Please check all areas that you are interested in:								
☐ Horse grooming ☐ Photography ☐ Marketing /Fundraising ☐ Office (forms, filing, statistics, etc.)								
☐ Horse leading ☐ Mentor ☐ Special Events ☐ Reception (check in, planning, etc.)								
☐ Sidewalking ☐ Crafts and Games ☐ Grant writing ☐ Equipment set up and clean up								
☐ Other:								
We are thrilled that you are interested in volunteering for Standing Tall! What made you choose Standing Tall?								
Volunteer Experience								
Previous experience is not required to be a Standing Tall Volunteer!								
Do you have experience working with <b>PEOPLE WITH SPECIAL NEEDS?</b>								
Tell us about your experience:								
Do you have experience working with <b>HORSES</b> ?								
Tell us about your experience:								
Have you worked or volunteered for a <b>THERAPEUTIC RIDING FACILITY</b> ?  Yes  No # of years								
Tell us about your experience:								

**Medical Information Declaration** All of the information provided is true and accurate to the best of my knowledge. I have no medical, behavioral, mental health, or criminal issue that would prevent me from volunteering in the Standing Tall Life Skills Program where I would be working with children, adults, and animals. I do not have any medical issue for which a physician would restrict or prohibit me from participating in physical activities.

## Photo Release □ I DO or □ I DO NOT consent to and authorize the use and reproduction of all photography (including but not limited to still and video photography and audio and visual materials) taken of the me for promotional materials, educational activities, exhibitions, community fairs, donations, grants, and any other use designed to benefit and/or promote the Standing Tall Life Skills Program. Signature of Volunteer Date CONFIDENTIALITY AGREEMENT This Confidentiality Agreement (the "Agreement"), dated as of \_\_\_\_\_\_(effective date), is between Standing Tall Life \_\_\_\_\_\_, an individual ("individual") serving in the capacity of **Volunteer** (the position) for Skills, Inc. and \_ Standing Tall Life Skills, Inc. (STLS). Term. This Agreement applies to information about and discussed between individual and WWS or any details pertaining to STLS clients, activities as they relate to the duties of your Position (the "STLS Business") during the period of time beginning on the date set forth above. This agreement survives my separation for any reason, from Standing Tall. Acknowledgement. Individual understands and acknowledges that in her/his Position she/he will receive confidential information pertaining to the personal background of WWS clients and their families, and the activities, operations, and the ministry outreach of WWS and/or financial and personal information of WWS clients ("confidential information"). Individual further acknowledges that disclosure of such Confidential Information may be prejudicial to STLS client and/or Standing Tall Life Skills, Inc. Confidentiality. Individual agrees to: never disclose or discuss Confidential Information with others not authorized to receive such; use reasonable means to protect and prevent the disclosure of Confidential Information, whether oral or written; and use the Confidential information only in connection with STLS. Individual may not disclose any Confidential Information to anyone outside STLS without the express consent of Instructor and/or Executive Director. The sole exceptions to this rule are: when there is reason to believe someone's life may be in danger or when state or federal law requires compulsory reporting (such as suspicion of child or elder abuse/neglect). No photographs of the children will be allowed without consent from the parent/caretaker. Children will be in constant supervision of a STLS Staff Person. No contact with the child outside of the STLS is permitted without direct consent of the child's parent/caretaker. That includes Face Book or other social media platforms. Remedy. Upon any violation of this Agreement by Individual, STLS may in its sole discretion remove such Individual immediately from said Position and prevent such Individual from serving on any other STLS position. In Witness Whereof, the parties have duly executed and delivered this Agreement as of the date first set forth above. **INDIVIDUAL** Standing Tall Like Skills Inc. Signature:\_\_\_\_\_ Signature:\_\_\_\_

Print Name: \_

Date\_\_\_\_ Rev. 2019

## STANDING TALL LIFE SKILLS PROGRAM RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES YOU UNDERSTAND IT AND AGREE ON ITS TERMS. BY SIGNING THIS AGREEMENT, YOU AND YOUR CHILD ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASE OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF STANDING TALL LIFE SKILLS PROGRAM, INC. (STLKP); IT'S BOARD MEMBERS, VOLUNTEERS AND AGENTS ("THE RELEASEES").

I,[Print First and Last Name] on behalf of myself:				
In	consideration for allowing me to handle and ride a horse and on behalf of myself, or our personal representatives, heirs			
ne	ext-of-kin, spouses and assigns, I HEREBY:			

- 1. **ACKNOWLEDGE THAT A HORSE MAY, WITHOUT WARNING OR APPARENT CAUSE,** buck, stumble, fall, rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break all of which may cause the rider to fall or be jolted, resulting in serious injury or death.
- 2. ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of their training and past performance.
- 3. **VOLUNTARILY ASSUME THE RISK AND DANGER OF INJURY OR DEATH** inherent in the use of the horse, equipment and gear provided to me by Standing Tall Life Skills Program, hereinafter referred to as STLSP.
- 4. **RELEASE, DISCHARGE AND PROMISE NOT TO SUE** STLSP doing business under its own name or any other name and/or any of its owners, board members, employees, volunteers and agents (hereinafter the "Releasees"), for any loss, liability, damages, or cost whatsoever arising out of or related to any loss, damage, or injury (including death) to my person or property.
- 5. **RELEASE THE RELEASEES FROM ANY CLAIM** that such Releasees are or may be negligent in connection with my riding experience or ability including but not limited to training or selecting horses, maintenance, care, fit or adjustment of saddles or bridles, instruction or riding skills or leading and supervising riders.
- 6. **INDEMNIFY, AND SAVE AND HOLD HARMLESS** WWS, instructors, its board members, volunteers and agents from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my use of the horse and any equipment or gear provided therewith or any acts or omissions of wranglers or other employees or agents.
- 7. THE UNDERSIGNED EXPRESSLY AGREES THAT THE FORGOING RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND IDEMNITY AGREEMENT IS GOVERBED BT TGE STATE OF TENNESSEE and is intended to be as broad and inclusive as is permitted by Tennessee Law (RIDE AT YOUR OWN RISK), and that in the event any portion of this Agreement is determined to be invalid, illegal, or unenforceable, the validity, legality and enforceability of the balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.
- 8. **ACKNOWLEDGE THAT THIS DOCUMENT IS A CONTRACT** and agree that if a lawsuit is filed against STLSP or its owner, agents, volunteers, employees, or guides for any injury or damage in breach of this contract, the Undersigned will pay all attorney's fees and costs incurred by STLSP in defending such an action.
- 9. **STATE THAT ALL PARTICIPANTS/VOLUNTEERS IS NOT NOW PREGNANT, that** I have no history of epileptic seizures, heart condition or any other medical problem that could be affected by horseback riding.
- 10. IT IS MANDITORY THAT ALL RIDERS WEAR PROTECTIVE HELMET.
- 11. If the person who is to enter into this Agreement is less than eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on the behalf of the minor.
- 11. We have a No Touch Policy. If a volunteer must touch a child, ask for permission unless it is an emergency situation. No volunteer will be alone with a child at any time.

I have read this entire Release of Liability Document. I understand it is a promise not to sue and to release STLSP, It's owners, volunteers, employees and agents for all claims. I have made a free and deliberate choice to sign this Release and Waiver as a

lition to Releasees allowing me or my child to ri er of liability is worth the pleasure of horsebac	ide or handle a horse. I have concluded that the risks involved and the release and k riding experience.
ature (adult or guardian)	Date
ed name (adult or guardian)	Name of minor (if applicable)
<u>AT</u>	TENTION VOLUNTEERS
-	ground check and provide it with their application. We cannot review ackground check is given to us for our records. This record check is ircuit Court Clerk Office located at:
contact with our program participants state, and local government sour	anding Tall, any person who applies whose function would include direct shall agree to the release of all investigative records from the federal, reces listed below to verify the accuracy of criminal violation information of our program participants, other volunteers, and staff members.
TN Felony Offender TN Sexual Offender Registry National Sexual Offender TN Out of State Probation & Parole Re	egistry
	have read and fully agree to all the terms of the pre-volunteering ovide background check from the Cumberland County Clerk Office with
Signature	Date
l,	OLUNTEER COORDINATOR USE ONLY , have verified that the volunteer applicant listed above is clear of listed above. The volunteer has completed the application and provided land County Clerk's Office.
 Signature	 