



**VOLUNTEER'S APPLICATION**

**Applicants Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Gender: \_\_\_\_\_

**Name(s) of Parent(s), Guardians or Caregiver:**

Parent/Guardian/Caregiver Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian/Caregiver Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian/Caregiver E-mail address: \_\_\_\_\_

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**Emergency Contact Information:**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Medical Treatment:**

**CONSENT PLAN:**

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Strongwater Farm to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release my records upon request to the provider of any such medical emergency treatment.

This authorization includes, without limitation, x-ray, surgery, hospitalization, medication and any treatment procedure deemed by a physician to be an appropriate means to attempt to save the Volunteer's life. This provision will be invoked only if Strongwater Farm is unable to reach the person(s) above.

**Date:** \_\_\_\_\_ **Consent Signature:** \_\_\_\_\_

**Volunteer (or Parent, Legal Guardian or Caregiver, if under 18 years)**

**NON-CONSENT PLAN:**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency.

\_\_\_\_\_ Parent or legal guardian will remain on site at all times during equine assisted activities.

\_\_\_\_\_ In the event emergency treatment/aid is required; I wish the following procedures to take place:

\_\_\_\_\_

**Date:** \_\_\_\_\_ **Non-Consent Signature:** \_\_\_\_\_

**Volunteer (or Parent, Legal Guardian or Caregiver, if under 18 years)**

**Volunteer's Medical History:**

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred Medical Facility:  
\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications:  
\_\_\_\_\_

Special Precautions, Diets/Needs/Allergies:  
\_\_\_\_\_

May participate in all activities: Yes \_\_\_\_\_. May participate except for: \_\_\_\_\_

Mobility: Independent Ambulation: Y \_\_\_\_ N \_\_\_\_ Assisted Ambulation? Y \_\_\_\_ N \_\_\_\_ Wheelchair? Y \_\_\_\_ N \_\_\_\_

**Photo Release:**

I DO\_/DO NOT\_\_ consent to and authorize the use and reproduction by Strongwater Farm of any and all photographs and any other audio/visual materials taken for promotional materials, educational activities, exhibitions or for any other use Strongwater Farm deems to be of benefit to its program.

**Inherent Risks of Equine Activities and Release from Liability:**

**WARNING**

**Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a Volunteer in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.**

Volunteer would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Volunteer's Parent(s)/Guardian(s)) acknowledge and understand that horses and activities related to horses are inherently dangerous and that there are dangers and risks which are an integral part of equine activities, the Volunteer or the Volunteer's Parent(s)/Guardian(s) acknowledge the risks and potential for risks of equestrian activities. Despite these inherent risks, the Volunteer (or the Volunteer's Parent(s)/Guardian(s)) feels that the possible benefits to himself/herself/his or her son/daughter/ward are greater than the risks assumed, and the Volunteer (and the Volunteer's Parent(s)/Guardian(s)) has chosen to participate in Strongwater Farm's equestrian program (the "Activities") (and the Volunteer's Parent(s)/Guardian(s) have agreed to allow the Volunteer to engage in the Activities). The Volunteer (and the Volunteer would like to participate in equine activities at Strongwater Farm Therapeutic Equestrian Center, Inc. ("Strongwater Farm"). I (or the Volunteer's Parent(s)/Guardian(s)) Volunteer's Parent(s)/Guardian(s)) agree that he or she shall not hold Strongwater Farm Therapeutic Equestrian Center, Inc. liable for injury to or death of the Volunteer (or the Volunteer's Parent (s)/Guardian(s)) resulting from or related to his or her involvement in equine activities and/or the Activities. The Volunteer(and the Volunteer's Parent(s)/Guardian(s)) intending to be legally bound hereby remise, release and forever discharge Strongwater Farm Therapeutic Equestrian Center, Inc. its officers, directors, employees, independent contractors, assigns, members, insurers, instructors, therapists, aides, Volunteers, agents, representatives and any others acting on Strongwater Farm's benefit, for him or herself and his or her heirs, executors and administrators, of and from all manner of actions, cause or causes of actions, suits, reckonings, controversies, damages, claims and demands, in law or at equity, that he or she now has or hereafter can or may have or which his or her heirs, executors or administrators hereafter can, shall or may have by reason of any injury to or death of the Volunteer (or the Volunteer's Parent(s)/Guardian(s)) caused by or in any manner related to equine activities and/or the Activities or while participating in Strongwater Farm's equestrian program. Moreover, I understand that Strongwater Farm is an equine activity sponsor, as M.G.L. ch 128, section 2D defines that term and that Strongwater Farm Therapeutic Equestrian Center, Inc. shall not be liable for any injury or death that results from the inherent risks of equine activities, and I shall not make any claim on my own or the Volunteer's behalf against Strongwater Farm Equestrian Center, Inc. The Volunteer (and Volunteer's Parent(s)/Guardian(s)) hereby acknowledges that he or she has been warned about the risks related to equine activities and the Activities. The Volunteer (and the Volunteer's Parent(s)/Guardian(s)) has had the opportunity to ask questions of Strongwater Farm and is satisfied that he or she understands the risks involved in equine activities and the Activities. By his or her execution of this Release Form, the Volunteer (and the Volunteer's Parent(s)/Guardian(s)) agrees to be bound by and comply with the terms hereof and acknowledges that he or she wishes to engage in equine activities despite the risks and potential dangers involved. The Volunteer (and the Volunteer's Parent(s)/Guardian(s)) has not relied on any representations, statements or warranties of Strongwater Farm other than those specifically set forth herein.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

**Volunteer (or Parent, Legal Guardian, or Caregiver if under 18 years)**

## **Confidentiality Agreement**

I understand that all information, written and verbal, about Applicants in Strongwater Farm's lessons and programs and volunteers and personnel of Strongwater Farm is strictly confidential and I agree not to share it with anyone without the express written consent of such Applicant, volunteer or personnel and his/her parent/guardian in the case of a minor.

**Date:** \_\_\_\_\_ **Consent Signature:** \_\_\_\_\_  
**Applicant (or Parent, Legal Guardian, or Caregiver, if under 18 years)**

### **Commonwealth of Massachusetts Department of Mental Health Confidentiality Acknowledgement**

As a Strongwater Farm Therapeutic Equestrian Center volunteer, I may have access to Protected Health Information (PHI). PHI means any individually identifiable information relating to the past, present or future physical or mental health or condition of an individual, or the past, present, or future payment for health care provided to an individual.

By signing below, I acknowledge the following:

- DMH policies and procedures, Massachusetts law, and federal law prohibit the unauthorized use or disclosure of PHI.
- I will not share PHI with other DMH Workforce Members or individuals outside of DMH unless doing so is necessary to do my job and DMH policies or procedures permit the use or disclosure.
- I will not attempt to access or look at PHI other than what is required to perform my job.
- I will not remove PHI from DMH premises unless doing so is necessary to perform my job.
- I will abide by all DMH policies and procedures relating to PHI.
- After I leave Strongwater Farm Therapeutic Equestrian Center, I will continue to observe DMH policies and procedures with regard to PHI that I had access too while volunteering at Strongwater Farm Therapeutic Equestrian Center.

I understand that if I violate DMH policies or procedures relating to PHI, I may be subject to contractual sanctions, up to and including the termination of my volunteering and also may be subject to civil liability or criminal prosecution.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_