



KAP Equine Services Corp

Volunteer Information Form

Date: _____ Shirt size: _____

(Please print)

Last: _____ First: _____ Middle: _____

Date of birth: _____ Age: _____ DL#: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #: _____

Email: _____

Parent/Guardian Name: _____

(if under 18 years of age)

Parent/Guardian Phone Number: _____

How did you hear about Jake E's?: _____

FOR OFFICE USE ONLY

Date application received/processed

Volunteer Information Form

Volunteer Name: _____

Do you have previous experience working with persons with disabilities? Y / N (circle one)

If yes, please explain:

Do you have previous experience working with horses? Y / N (circle one)

If yes, please explain:

I would like to work with the horses? Y/N (circle one)

I would like to volunteer in other areas? Y/N (circle one)

WHEN WILL YOU BE AVAILABLE TO VOLUNTEER (circle all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening

Volunteer Information Form

Volunteer Name: _____

Photo Release

I **do**____**do not**____ (check one) consent to and authorize the use of reproduction by KAP Equine Services Corp of any and all photographs and any other audio/visual materials take of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Confidentiality Agreement

I understand that all information (written or verbal) about participants at KAP Equine Services Corp is confidential and will not be shared with anyone.

Honesty Declaration

I, _____, attest that the answers provided throughout this volunteer information form have been answered truthfully and completely to the best of my recall. I attest that I have not deliberately or intentionally misrepresented myself in anyway with my responses.

Print Full Name

Volunteer/Parent/Guardian Signature

Date:

Volunteer Information Form

Volunteer Name: _____

Authorization for Emergency Medical Treatment

In case of medical emergency, the rider or guardian authorizes KAP Equine Services Corp to secure and retain such emergency medical assistance and transportation as they determine to be necessary and proper. The rider or guardian authorizes release of rider records upon request to the authorized individual or agency involved in the medical emergency treatment. This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if the guardian cannot be reached.

Volunteer/Parent/Guardian signature

Date

Volunteer Medical Non-Consent

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 KAP Equine Services Corp. In the event emergency treatment is required, I wish the following procedures to take place:

Volunteer/Parent/Guardian Signature

Date

Volunteer Information Form

Volunteer Name: _____

Background Information

Have you ever been charged with or convicted of a crime? Y / N

Are you currently on probation and/or performing community service? Y / N

I, _____, authorize KAP Equine Services Corp to receive information from any law enforcement agency of this 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 a volunteer, and that I expressly **do not** authorize KAP Equine Services Corp, its directors, officers, employees, or other volunteers to disseminate this information in any way to other individuals, groups, agencies, organizations or corporations.

Signature: _____ Date: _____

Current Driver's License Number: _____ State: _____

I currently do not have a Driver's License:

LIABILITY RELEASE

Executed and signed in the STATE OF _____ COUNTY OF _____

(Please print legibly as we use information provided for mailings)

I, _____, acknowledge and accept that horseback riding, care and maintenance of animals, and care and maintenance of the ranch grounds and equipment, involve the risk of personal injury. By my signature (and, in case of a minor, the parent's or guardian's signature) they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against KAP Equine Services Corp., located at 10626 FM 429, Kaufman, Texas 75142, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliates with any of them in any manner (collectively, herein "KAP Equine Services Corp."), for any injury, liability or damages which may occur while performing in any activity on said property. I agree to indemnify, defend, and hold harmless KAP Equine Services Corp., or any person or entity whose land a KAP Equine Services Corp. related activity crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand activities with animals and/or riding on horses involves possible danger and I participate at my own risk.

I understand that horseback riding and any other activity on the property of KAP Equine Services Corp. related activities involve being in remote areas for extended periods of time, far away from communication, transportation, and medical facilities; that these areas have many natural and man-made hazards which a participant cannot anticipate, identify, modify, or eliminate; that horses and other animals can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding can involve such activities as crossing creeks, galloping over uneven terrain, and being in unfamiliar places under adverse weather conditions which could result in injury to me and/or to the horse I am riding.

I agree to take all responsibility for myself and the animal I am caring for and/or riding. I am aware that wearing a certified safety helmet is a good protective measure against head injury, and further understand that helmets are required for all horse riders. My signature below constitutes acceptance of the above terms and conditions.

Medical Release

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I have read and fully understand this liability release. I understand that the Texas Equine Liability Act (Chapter 87, Civil Practice and Remedies Code), and KAP Equine Services Corp. is not liable for an injury to or the death of a participant in equine activities resulting in the inherent risks of equine activities.

Print Name: _____

Signature: _____

Date: _____

Signature of Guardian if participant is a minor: _____

Street Address: _____

City: _____

State: _____

Zip: _____

Primary phone number: _____

Primary email address:_____