

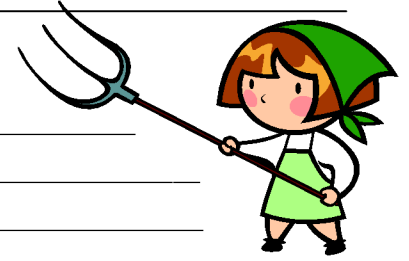
CAPITAL AREA THERAPEUTIC RIDING ASSOCIATION

PO BOX 339, Grantville, PA 17028-0339

(717) 469-7517

www.catra.net

Volunteer Application



Name _____ Birthdate _____ Date _____
Address _____ City _____ Zip _____
Phone (home) _____ (Work phone) _____
Present Employer, School or Personal Reference _____
Address _____
Email address: _____

Please mark the jobs that you would like to do, and for which you are qualified:

- | | | |
|---|---|--|
| <input type="checkbox"/> Horse leading | <input type="checkbox"/> Gardening | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Side walking | <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Special Events organization |
| <input type="checkbox"/> Tacking up and simple grooming | <input type="checkbox"/> Lifting and hauling | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Barn and stall cleaning | <input type="checkbox"/> Computer data entry | <input type="checkbox"/> Volunteer Recruitment |
| <input type="checkbox"/> Horse feeding and watering | <input type="checkbox"/> Filing, mailing, typing | <input type="checkbox"/> Certified CPR |
| <input type="checkbox"/> Horse grooming, clipping, and braiding | <input type="checkbox"/> Programming, database admin. | <input type="checkbox"/> Certified First Aid |
| <input type="checkbox"/> Horse schooling & training | <input type="checkbox"/> Telephone contacting | <input type="checkbox"/> Services, Farrier |
| <input type="checkbox"/> Tack cleaning and organization | <input type="checkbox"/> Art work | <input type="checkbox"/> Services, Veterinary |
| <input type="checkbox"/> Small animal feed, water, brush | <input type="checkbox"/> Bulletin board | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Small animal cage cleaning, sweeping | <input type="checkbox"/> Greeting card sending | <input type="checkbox"/> Therapy, Occupational |
| <input type="checkbox"/> Building maintenance and repair | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Therapy, Physical |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Photography / Video taping | <input type="checkbox"/> Therapy, Recreational |
| <input type="checkbox"/> Fence maintenance and repair | <input type="checkbox"/> Publicity | <input type="checkbox"/> Therapy, Speech |

Please indicate specific times you could help: (example: SAT 8am-1pm)

MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____ SUN _____

NOTE: Please do not wait for a call. Come out during any lesson time, so someone will be here to work with you.

ADDITIONAL VOLUNTEER OPPORTUNITIES

In addition to horse handling and sidewalking during riding lessons, CATRA uses volunteer services in many other areas of the Center's operation and management. Please mark anything that interests you or that you would like know more about.

- CATRA Fun Shows** - Three horse shows to benefit CATRA are held each summer at the Twin Brooks Show Grounds in Linglestown. Help at the show with record keeping, horses, ring crew, etc.
- CATRA Picnic** - September gathering of all volunteers, riders, and families with a Horse Show for CATRA riders who participated over the summer. A pot luck supper ends the festivities. Help with advance preparations or during event, and clean up after.
- CATRA-Thon** - is a fundraising event in which hikers, bikers, CATRA riders and wheelers gather pledges from people who will sponsor their efforts for a specific distance. Help before, during, and after this major fundraising makes dreams come true.
- Bowl-a-Thon** - is a fundraising event held at a bowling alley that has accessible equipment so all can join in the fun. Pledges are gathered for games played. Help is needed in advertising and organizing this event.
- Christmas Party** - December gathering of all volunteers, riders, and families with an indoor get together and a pot luck meal. Share in the spirit of the giving season by helping before, during, or after the party.

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LIABILITY RELEASE

_____ (volunteer's name) would like to participate in the Capital Area Therapeutic Riding Association program as a volunteer. I acknowledge the risks and potential for risks of such a program. However, I feel that the possible benefits to myself/my son/my daughter/my ward 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 Capital Area Therapeutic Riding Association, it's Board of Directors, Instructors, Therapists, Aides, Volunteers, and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating as a volunteer in Capital Area Therapeutic Riding Association.

Date: _____ Signature: _____
Volunteer, parent, or guardian

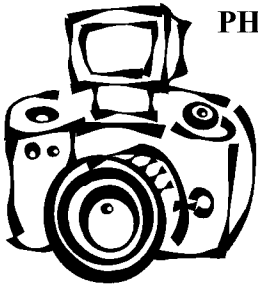


PHOTO RELEASE: OPTIONAL

I hereby consent to and authorize the use and reproduction by Capital Area Therapeutic Riding Association of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: _____ Signature: _____
Volunteer, parent, or guardian

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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, the signature volunteer or guardian of said volunteer, authorize CATRA to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Parent/Guardian's name _____ Phone: _____

Address: _____

In the event parent/guardian cannot be reached, contact: _____ Phone: _____

contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co. : _____ Policy #: _____

CONSENT PLAN

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 person listed below is unable to be reached.

Date: _____ Consent Signature: _____
Volunteer, parent, or guardian

Print Name: _____ Phone: _____

Address: _____

PLEASE NOTE ANY PHYSICAL AND/OR MEDICAL CONDITIONS THAT SHOULD BE KNOWN PRIOR TO EMERGENCY MEDICAL TREATMENT.

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Have you ever owned a horse? If yes, please explain. (When, how long, type of riding, breed of horse, etc.)

1. I consider my horse skills to be: Beginner Intermediate Advanced
I ride: English Western bareback
I can: walk trot canter jump height of _____

2. In what horse sports are you or have you been involved?
 Huntseat Jumping Dressage Western Pleasure Driving Trail Riding
 Other _____

3. Have you ever belonged to or helped with 4-H Pony Club? Where? _____

4. Have you had previous experience with a handicapped riding program? _____

5. Prior experience working with people with disabilities: _____

6. Are you mainly interested in working with riders animals both.

7. Are you currently certified in First Aid CPR

8. Other interests and hobbies: _____

9. Would you be willing to supply items for sale?: Bake Sale Craft Table

10. Please list any medical considerations that might limit your volunteer activities: _____

11. Are you volunteering to fulfill a community service requirement? No. Yes, for: school, church, government
Number of hours: _____ By what date: _____ Reason: _____



I (can) (cannot) walk and jog (mostly walk) next to a horse for up to 1/2 hour at a time. I understand that no liability can be accepted by any organizations or individuals concerned with this instruction, including the New Day Equestrian Center, in the event of any accident occurring.

Volunteer's Signature _____ Date _____

Parent/Guardian Signature (If Volunteer is under 18) _____