



Special Troopers Adaptive Riding School, Inc. (S.T.A.R.S.)

33148 K-22, Sioux City, Iowa 51108 712-239-5042 www.scstars.com

Volunteer Application Form

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone _____ Email: _____

In the event I cannot be reached, please contact _____ Phone _____

Parent/Guardian Name (if under 18) _____

Address (if different than above) _____

Employer or, if student, name of school _____ City _____

Please list any other volunteer placements _____

How did you learn about STARS, Inc.? _____

List any previous training and/or practical experience you have had that would help you fill this position (especially pertaining to persons with disabilities). _____

Please list two character references from people you've known for two or more years.

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone () _____

Address _____ City _____ State _____ Zip _____

So we may provide the safest environment possible for our riders, STARS, Inc. requires us to have a file on all employees and volunteers working directly with the riders. To ensure the quality of our program, STARS reserves the right to perform random background checks.

Signature _____ Date _____

(If under 18, Parent/Guardian must sign)



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To: Volunteers and Riders (if under 18 yr., Parent or Guardian)
From: STARS, Inc.
Date: January 26, 2000

Iowa passed a law effective July 1, 1997, regarding liability of providers of activities involving domesticated animals. Please read the following statements. You are provided two copies, one for our records (that you will need to sign as verification for having received the notice) and one for your own records.

IOWA CODE CHAPTER 675 WARNING

UNDER IOWA LAW, A DOMESTICATED ANIMAL PROFESSIONAL IS NOT LIABLE FOR DAMAGES SUFFERED BY, AN INJURY TO, OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF DOMESTICATED ANIMAL ACTIVITIES, PURSUANT TO IOWA CODE CHAPTER 673. YOU ARE ASSUMING INHERENT RISKS OF PARTICIPATING IN THIS DOMESTICATED ANIMAL ACTIVITY.

A number of inherent risks are associated with a domesticated animal activity. A domesticated animal may behave in a manner that results in damages to property or an injury or death to a person. Risks associated with the activity may include injuries caused by bucking, biting, stumbling, rearing, trampling, scratching, pecking, falling, or butting.

The domesticated animal may act unpredictably to conditions, including, but not limited to, a sudden movement; loud noise; an unfamiliar environment; or the introduction of unfamiliar persons, animals, or objects.

The domesticated animal may also react in a dangerous manner when a condition or treatment is considered hazardous to the welfare of the animal; a collision occurs with an object or animal; or a participant fails to exercise reasonable care, take adequate precautions, or use adequate control when engaging in a domesticated animal activity, including failing to maintain reasonable control of the animal or failing to act in a manner consistent with the person's abilities.

I have read and understand the above statements. I have also received a copy of the statements for my own records.

Volunteer, Parent, or Guardian

Date: _____



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Volunteer Photo & Liability Releases

Volunteer Photo Release

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Special Troopers Adaptive Riding School permission to take or have taken still and moving photos, videotape, digital photographs, films, television images, and images taken or made by any other manner or method of our/my (self – daughter – son – ward) _____, and consents and authorizes the Special Troopers Adaptive Riding School, advertising agencies, news media, and any other persons interested in the Special Troopers Adaptive Riding School, to use and reproduce the photos, films, pictures, and images and circulate and publicize the same by any and all means without limitation; including, but not limited to, the following: newspapers, television, media, brochures, pamphlets, instructional material, books, web site and clinical material.

No inducements or promises of any kind have been made to us/me to secure our/my signature(s) to this release other than the intention of the Special Troopers Adaptive Riding School to use or cause to be used such photographs, films, pictures or images for the primary purpose of promoting and aiding the Special Troopers Adaptive Riding School and its work.

DATE: _____

SIGNATURE(S): _____

Volunteer Liability Release

As a volunteer at STARS, Inc., I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible, benefits to myself (son/daughter) and the clients I work with are greater than the risk assumed. I hereby, intending to be legally bound, for myself, (my son/my daughter) my heirs and assigns, executors or administrators, waive and release forever all claims for damages against STARS, Inc., its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I (he/she) may sustain while participating in STARS, Inc.

Signature _____ Date _____

(If under 18, Parent/Guardian must sign)



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Volunteer's Emergency Medical Information Form

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 STARS, Inc. to secure and retain medical treatment and transportation if needed.

Volunteer's Name _____ Phone _____

Address _____

Person to contact in case of emergency: Name _____

Relationship _____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co _____ Policy # _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage:
(A) None _____ (B) Please describe _____

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed above is unable to be reached.

Consent Signature _____ Date _____
(Volunteer, if under 18, Parent/Guardian)

Print Name _____ Phone _____

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 rendering services or while being on the property of STARS, Inc.. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature _____ Date _____
(Volunteer, if under 18, Parent/Guardian)

Print Name _____ Phone _____



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Volunteer Preferences and Interests

Special Troopers Adaptive Riding School wants to make sure your placement is the most rewarding and appropriate it can be! We challenge each and every person on STARS property to excel. Safety is our priority. Other goals include improving quality of life, promoting physical, cognitive, and emotional well being, and teamwork. We want you to build friendships and to have a lot of fun, so that you, too, are an integral part of the STARS team! Please fill out the questionnaire and add your comments.

Preferred placement:

Monday evenings

Tuesday evenings

Wednesday evenings

Thursday evenings

Daytime which day/time?

Willing to Substitute

I would like to help in these areas, please check all that apply:

Barn Dance

Gardening

Horse Camp

Maintenance

Newsletter Article Writing

Photography/Video

Ride-A-Thon

Volunteer Organization



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Volunteer Information Questionnaire Direct Horse Contact

All volunteers having direct contact with horses must be at least 14 years of age.

We will teach you everything you need to know, and guide you every step of the way. You need not have any horse experience to qualify. If we offer a tip, it is *never* meant as criticism, it is purely a safety issue, or to assist you in improving your skills. Please ask questions, or offer suggestions.

STARS is always looking for ways to improve and wants everyone to have a good experience. Join us in helping STARS shine!

1. What is your most recent experience with horses?
2. Have you ever been involved with a therapeutic riding program before?
3. Do you know anyone else who might be interested in volunteering in our program?
4. Comments or questions: