

# HOPE Equestrian Center



## Welcome!

Thank you for your interest in volunteering with HOPE. Enclosed you will find information about HOPE along with our Volunteer Application Forms that need to be filled out and returned before volunteering. We look forward to working with you.

**Return your completed application to:**

**The barn when you come out.**

Please feel free to call us with any questions you may have. We invite you to come by and visit our program facility at 716 Riley Rd. Eagle Point, OR 97524

Sincerely,

Angie Ballard  
Executive Director

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Road, Eagle Point, OR 97502*

*(541) 776-0878    website: [hopeequestrian.com](http://hopeequestrian.com)    email: [info@hopeequestrian.com](mailto:info@hopeequestrian.com)*

**HORSES OFFERING PEOPLE EXCELLENCE**



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

**Volunteer Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

E-Mail: \_\_\_\_\_

Parent/Guardian Name, Address and Phone# (if under age 18): \_\_\_\_\_

How did you learn about HOPE Equestrian Center? \_\_\_\_\_

Check which areas you are interested in.

*Program Volunteer*

- Leading a Horse
- Side walking with a student
- Stable Management

*Competition*

- Horse Show
- Ride-a-Thon
- Special Olympics

*Administration*

- Fundraising Events/Public Events
- Newsletter/Website
- Volunteer Recruitment

Other: \_\_\_\_\_

**Liability Release**

(Volunteer's Name) \_\_\_\_\_ would like to volunteer for HOPE Equestrian Center.

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

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

Volunteer, or Parent / Guardian (if under age 18)

**Photo Release**

I consent to and authorize the use and reproduction by HOPE Equestrian Center of any and all photographs and any other audio-visual materials taken of me/my son/my daughter/my ward for promotional use, educational activities, and exhibitions or for any other use for the benefit of the program.

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

Volunteer, or Parent / Guardian (if under age 18)

**Statement of Confidentiality**

I understand that at HOPE Equestrian Center, there is certain information that is available to me but is considered confidential. It is to be used only for facilitating the goals and objectives of the individual rider, according to the direction of the instructor or therapist. In consideration of the right to privacy of the students and their families, I understand the need to use appropriate discretion in written comments and in related conversations with volunteers, staff, family, or the general public. Any breach of this confidentiality will prove reason for dismissal.

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

Volunteer, or Parent / Guardian (if under age 18)

**HOPE**  
 Equestrian  
 Center

*Therapeutic Horse Riding for the Rogue Valley*

Mailing Address: P.O. Box 396, Eagle Point, OR 97524

Program Address: 716 Riley Rd. Eagle Point, OR 97524

(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com

**HORSES OFFERING PEOPLE EXCELLENCE**



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

---

**Volunteer Liability Release**

Date \_\_\_\_\_

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

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

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

Volunteer, or Parent / Guardian (if under age 18)

*Print name and address below if different than Volunteer's:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Rd. Eagle Point, OR 97524*

*(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com*

**HORSES OFFERING PEOPLE EXCELLENCE**



## HOPE Equestrian Center

*Therapeutic Riding Program*

---

**READ CAREFULLY THIS IS A RELEASE**

### Adult Release and Waiver of Liability and Indemnity Agreement HOPE Equestrian Center and TLM Training Center

In Consideration of being permitted to enter for any purpose any restricted area (herein defined as including but not limited to arena, approaches thereto and all walkways, concessions and other areas appurtenant to any area where any activity related to the session shall take place), or being permitted to ride, officiate, observe, work for, or for any purpose participate in any way in the session, each of the undersigned, for himself, his personal representatives, heirs, and next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted areas and all portions thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area or areas and that his participation, if any in the session constitutes an acknowledgment that he has inspected such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted areas:

1. **HEREBY RELEASES, WAVES, DISCHARGES AND COVENANTS NOT TO SUE** the promoter, participants, HOPE Equestrian Center, sanctioning organizations or any subdivision thereof, arena operator, arena owner, officials or any persons in any restricted area, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the session and each of them, their officers and employees, all for the purposes herein referred to as "releases", from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in or upon the restricted area, and/or riding, officiating in, observing, working for, or for any purpose participating in the event.
2. **HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the restricted area or in any way riding, officiating, observing, or working for, or for any purpose participating in the session and whether caused by the negligence of the releases or otherwise.
3. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** due to the negligence of releasees or otherwise while in or upon the restricted area and/or while riding, officiating, observing, or working for or for any purpose participating in the event.

**THE UNDERSIGNED** expressly acknowledges and agrees that the activities of the session can be dangerous and involve risk of serious injury and/or death and/or property damage. **THE UNDERSIGNED** further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the State in which the session is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

SIGN NAME HERE

PRINT NAME HERE

---

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Rd. Eagle Point, OR 97524*

*(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com*

**HORSES OFFERING PEOPLE EXCELLENCE**



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

---

**HOPE EQUESTRIAN CENTER**  
**ADDITIONAL WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**  
**Covid-19 and other infectious diseases**

**Participant printed name:** \_\_\_\_\_  
*(Rider, Caregiver, Guest, Volunteer, Staff)*

In addition to previously signed release(s) and in consideration of HOPE Equestrian policies regarding safe practices, I understand and agree to the following (initial each:)

\_\_\_\_\_ I will adhere to the best of my ability, HOPE safe practices.

\_\_\_\_\_ I will answer the following questions honestly and to the best of my ability each time I arrive at HOPE:

*Have you had a cough?*

*Have you had a fever?*

*Have you had shortness of breath?*

*Have you been in close contact with anyone with these symptoms or anyone who has been diagnosed with COVID-19 in the past 14 days?*

\_\_\_\_\_ I understand that if I need to answer “**Yes.**” to any of the above questions, I will be required to leave the property immediately.

\_\_\_\_\_ I will consider my health, exposure, personal risk, risk to others and personal comfort prior to arrival at HOPE and I will phone ahead of scheduled participation and inform HOPE staff if I am unable to participate for any reason.

\_\_\_\_\_ I understand the risks and take personal responsibility for my decision to participate at HOPE and will not hold HOPE Equestrian or TLM Stables responsible for potential undesirable personal consequences associated with my participation at HOPE including all equine activity and potential infectious diseases resulting from my participation.

Participant/Parent/Caregiver Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of minor: \_\_\_\_\_  
*(if applicable for participants under the age of 18)*

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Rd. Eagle Point, OR 97524*

*(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com*

**HORSES OFFERING PEOPLE EXCELLENCE**



**HOPE Equestrian Center**  
*Therapeutic Riding Program*

---

**HOPE Volunteer Handbook**

Volunteer Name: \_\_\_\_\_  
*Please Print*

I have read, understand and agree to adhere to the VOLUNTEER HANDBOOK. I understand that the VOLUNTEER HANDBOOK outlines best practices and requirements, but it does not cover every possible scenario I may encounter while volunteering at HOPE. I understand that it is my responsibility to ask questions and comply with follow-up information from the Certified Instructors, Volunteer Coordinator and/or Executive Director. Further, I understand that the VOLUNTEER HANDBOOK does not preclude any other releases I have also signed. I may request a copy of the VOLUNTEER HANDBOOK to be sent to me via email, or I may check out a copy of the VOLUNTEER HANDBOOK, on a temporary basis from one of the Instructors.

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

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian (if under age 18)

---

**HOPE**  
Equestrian  
Center

*Therapeutic Horse Riding for the Rogue Valley*

*Mailing Address: P.O. Box 396, Eagle Point, OR 97524*

*Program Address: 716 Riley Rd. Eagle Point, OR 97524*

*(541) 776-0878 website: hopeequestrian.com email: info@hopeequestrian.com*

**HORSES OFFERING PEOPLE EXCELLENCE**



# PIVOREGON

public information verification

## Pre-Employment or Volunteer Authorization Form- working with children

The undersigned consents to have P.I.V. obtain any and all information concerning previous employment, obligations and all other matters which may be required in connection with their pre-employment or volunteer screening process. The undersigned consents to any other background check, including, but not limited to: criminal checks, credit reviews and driving records (MVR).

P.I.V. does not guarantee the accuracy of information received from various sources, which may contain errors and omissions. P.I.V. provides NO WARRANTY AS TO THE MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE FOR ANY INFORMATION. Original records may differ from computer entries. P.I.V. shall not be liable for any direct, indirect, incidental, or consequential damages caused by mistakes, omissions, deletions, error, or defects in any information provided by other sources.

P.I.V. shall provide a copy of the information received to the prospective employer. If the undersigned believes that any of the information provided is incorrect, the undersigned must notify P.I.V. within sixty (60) days in order to allow P.I.V. to re-verify the information and provide a copy of the notice to the prospective employer. Questions regarding the pre-employment or volunteer checks should be directed to P.I.V. at (541) 548-5306 or via fax (541)548-1677. Mailing address is Post Office Box 1913, Redmond, OR 97756.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex \_\_\_\_\_  
*Last/ First/ Middle*

List Other Names Previously Used (including maiden name): \_\_\_\_\_

Driver License/Ident. Card Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

1. **Have you EVER been convicted of a sex-related crime?** ..... [ ] Yes [ ] No  
If yes, please provide the state where the conviction is recorded: \_\_\_\_\_
2. **Have you EVER been convicted of a crime involving violence or threat of violence?** ..... [ ] Yes [ ] No  
If yes, please provide the state where the conviction is recorded: \_\_\_\_\_
3. **Have you EVER been convicted of a crime involving drugs or alcohol?** ..... [ ] Yes [ ] No  
If yes, please provide the state where the conviction is recorded: \_\_\_\_\_
4. **Have you EVER been convicted of a crime except a minor traffic?** ..... [ ] Yes [ ] No  
If yes, please provide the state where the conviction is recorded: \_\_\_\_\_
5. **Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?** .. [ ] Yes [ ] No  
If yes, please explain: \_\_\_\_\_
6. **Please list all states that you have resided in during the last 10 years** \_\_\_\_\_

I hereby grant the company, P.I.V., permission to check civil and/or criminal records to verify any statements made on this form.

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Regardless of whether the applicant grants consent, P.I.V., will conduct a criminal offender record check of the applicant for the position of employment or volunteer working with or around children. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights laws. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, OR 97232, telephone (503) 731-4075.

I acknowledge receipt of this notice:

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

THIS FORM MAY BE REPRODUCED OR PHOTOCOPIED, AND A COPY SHALL BE AS EFFECTIVE A CONSENT AS THE ORIGINAL.