



# MORNING STAR RIDING CENTER

## VOLUNTEER APPLICATION

### General Information

Name of Volunteer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Approximate Weight: \_\_\_\_\_

### If under 18, please complete the following:

Parent/Guardian Name(s): \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

### Why do you want to volunteer at MORNING STAR RIDING CENTER?

\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with individuals with special needs?  YES  NO

If YES, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with horses?  YES  NO

If YES, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Morning Star has three primary volunteer responsibilities. Indicate whether you prefer certain responsibilities. (Note: Training is provided for each.)

Sidewalk

Groom/Tack

Lead

No preference

## Availability

Please check the times that you are available to volunteer. If your availability falls between listed times, write specifics in the appropriate time/day spaces. (i.e., you have to leave by 3:00, or you can't arrive until 5pm write "until 3" or "after 5:30")

	Monday	Tuesday	Wednesday	Thursday	Friday
8:45 am - 10:45 am					
10:45 - 12:45 pm					
12:45 - 2:45 pm					
2:45 - 4:45 pm					
4:45 - 6:45 pm					
6:45 - 8:45 pm					

Comments on your availability:

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## Photo Release

I  DO  DO NOT consent to and authorize the use and reproduction by MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY of any and all photographs and audio/visual materials taken of me for promotional material or for any other use for the benefit of the program, including but not limited to social media, publications and marketing.

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Signature of Volunteer, or Parent/Guardian if under 18

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Date

## Confidentiality Agreement

I understand that all information (written and verbal) about participants at MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY is confidential and may not be shared with anyone without the expressed written consent of the participant and his/her parent/guardian in the case of a minor.

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Signature of Volunteer, or Parent/Guardian if under 18

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Date

## RELEASE OF LIABILITY

*(This form must be signed if the individual wishes to participate in any MORNING STAR RIDING CENTER Program)*

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

I acknowledge the risks and potential for risks of working with horses. 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 or otherwise against MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, its Board of Directors, Officers, 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 at MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY

### **WARNING:**

***Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to sections 25-21, 249 to 25-21,253.***

Yes, I would like above named person to volunteer in an equestrian program at MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY. I understand and agree that MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, its Board of Directors, Officers, Instructors, Therapists, Aides, Volunteers and/or Employees will have NO LIABILITY in the event of any accident that may occur.

No person can be accepted to volunteer in a MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY program until this form has been signed. If the person is of legal age (18), he or she may complete and sign the form if he or she is legally competent to do so. All minors must have the signature of a parent/guardian. All activities will be under supervision and, although reasonable effort will be made to avoid any accident, MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY will have NO LIABILITY.

I acknowledge that any involvement with horses is a high-risk activity. I have read this notice and release of liability and fully understand and agree with its content.

\_\_\_\_\_  
Signature of Volunteer, or Parent/Guardian if under 18

\_\_\_\_\_  
Date

# Volunteer Health History and Emergency Medical Treatment Authorization

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

Describe any health history requiring special consideration, including allergies, seizures, current medications and dosage, recent surgeries, joint function, cardiac and fitness level. (use back of page if needed):

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PREFERRED Medical Facility: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury while volunteering or being on the property of MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY, I authorize staff of MORNING STAR RIDING CENTER OR STILL WATERS EQUESTRIAN ACADEMY to secure and retain medical treatment and transportation, if needed.

## Please choose one:

I CONSENT to the above stated emergency medical procedures

I DO NOT CONSENT to the above emergency medical procedures, and I would like the following procedures to take place in the event of an emergency:

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\_\_\_\_\_  
Signature of Volunteer, or Parent/Guardian if under 18

\_\_\_\_\_  
Date

***Please return completed application to:***

MORNING STAR RIDING CENTER  
18221 S. 68<sup>TH</sup> St.  
Hickman, NE 68372