



Volunteer Interest Form
Please complete and mail original to:
CTR
P.O. Box 475
Abingdon, MD 21009

Name: _____ Nickname: _____

Address: _____
Street City State Zip Code

Email: _____

Home Phone: _____ Cell: _____

Occupation: _____ Employer: _____

Work Phone: _____ Birthdate: _____

If student, name of school: _____

How did you learn about CTR? _____

Do you have a criminal record? **Y/N** If yes, please explain: _____

**** CTR reserves the right to deny volunteer offers based on background check results. ****

Photo Release

I consent to and authorize the use and reproduction by Chesapeake Therapeutic Riding or any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities and exhibitions or for any other use for the benefit of the program.

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Volunteer Liability Release

As a volunteer at Chesapeake Therapeutic Riding, 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 and assigns, executors or administrators, waive and release forever all claims for damages against Chesapeake Therapeutic Riding, its board of directors, instructors, therapists, volunteers and/or employees for all injuries and/or losses I may sustain while participating in Chesapeake Therapeutic Riding.

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

CTR has a number of volunteer positions available at different times of the day and during different seasons. Please indicate the volunteer opportunities you would be interested in:

Areas of Interest: ___ Horse Leading ___ Side Walking ___ Instructor
 ___ Horse Care ___ Administrative Support

Any other areas of interest? *For example: facility maintenance, special projects, etc...*

Please describe your prior horse experience and/or experience working with individuals with special needs:

Emergency Contact Information

Name: _____

Address: _____

Email: _____

Home Phone: _____ Cell: _____

Doctor: _____ Phone: _____

Hospital & Town: _____

In case of emergency, I give permission to secure medical treatment including x-ray, surgery, hospitalization and medication.

Signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Chesapeake Therapeutic Riding, Inc.** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Active Screening, Inc., ("Active Screening"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Active Screening, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1800-319-5580. For information about Active Screening's privacy practices, see www.activescreening.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act.

Residents of Minnesota and Oklahoma only:

Under state law you have a right to receive a copy of your consumer report, free of charge, if one is required by Client. By checking the below box, a copy will be provided to you at the address you provide on this Disclosure and Authorization.

- I wish to receive a copy of any consumer report on me that is requested.

Residents of New York only:

Under state law you have the right to inspect and receive a copy of any investigative consumer report requested by Client by contacting Active Screening directly. You also acknowledge receipt of a copy of Article 23-A of the New York Correction Law by checking the below box.

- I acknowledge receipt of a copy of Article 23-A of the New York Correction Law.

Residents of Washington State only:

Under state law you have a right to request a copy of the Washington Fair Credit Reporting Act's disclosure to consumers (RCW 19.182.070) and a copy of your report by contacting Active Screening directly.

Residents of California and Maine only:

Under state law you have a right to receive a copy of your investigative consumer report and/or consumer credit report, free of charge, if one is requested by Client. By checking the box below a copy of your report will be provided to you at the address you provide on this Disclosure and Authorization.

Background checks will not be processed without payment.

Volunteer applications will not be accepted without a completed background check.

- I wish to receive a copy of any report on me that is requested.

- Enclosed is my check or money order for \$8.90 made payable to **Chesapeake Therapeutic Riding** for this background check.

Signature _____ Date _____

Last name _____ First name _____ Middle Name/Initial _____

Home Street Address _____ City _____

County _____ State _____ Zip _____

SSN _____ D/L or State ID _____ State Issued _____

Address _____ Email _____

For identification purposes only, please provide full DOB: _____

Please List Other Names Used:

Active Screening, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 800-319-5580 Fax: 800-319-5582
www.activescreening.com

Serenity Hill Farm Release and Hold Harmless Agreement

WHEREAS, the UNDERSIGNED acknowledges the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling;

IN CONSIDERATION, therefore, for the privilege of riding and/or working, around horses at Serenity Hill Farm, the undersigned does hereby agree to hold harmless and indemnify Sally Hoedebecke and further release them from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or any horse or property owned by the Undersigned or to any family member or spectator accompanying the Undersigned on the premises of Sally Hoedebecke.

Signature: _____ Date: _____

Print Name and Address: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

Parent or Guardian Release and Waiver:

I am the Parent or Guardian of _____
a minor(s), and on the minor(s) behalf and on behalf of all other parents or guardians of the minor(s), I accept the release and waiver of liability detailed above as a condition for allowing the minor(s) to use the facilities of Sally Hoedebecke.

Signature: _____ Date: _____

Print Name: _____

CONFIDENTIALITY AGREEMENT FOR CTR

I understand that all information (written and verbal) about participants at CTR (Chesapeake Therapeutic Riding) is confidential and will not be shared with anyone without the expressed written consent of the participant (and their parent or guardian in the case of a minor). This includes all social media outlets. (Social media outlets include—but are not limited to—Facebook, Twitter, Snapchat, and Instagram). I also understand that photographs and video recordings are also not permitted on the premises.

Printed Name

Signature

Date