



7 Star Horse Therapy

An Equine-Assisted Therapy Program

Volunteer Application

PERSONAL INFORMATION *(Please print legibly)*

Have you ever been affiliated with 7 Star as a volunteer or rider? No Yes

If yes, when and how? _____ Mr.

Mrs. Ms Miss

Name: _____

First

M.I.

Last

Address: _____

_____ City/State: _____ Zip: _____

Phones: Home _____ Cell _____ Work _____

Employer/Occupation: _____

Email: _____

_ Providing your email allows 7 Star to send you program news, updates, information, etc. It will NOT be sold or given to ANY third parties.

Age: _____ Birthdate: _____

Ethnicity: Hispanic White Black Asian American Indian/Alaskan Native
 Native Hawaiian/Pacific Islander

How did you learn about 7 Star? Radio/TV Newspaper Internet Social Media
 Other – Please explain

Emergency contact:
(Name/Relationship) _____

Phone: (____) _____



Description of Volunteering

Thank you for your interest in volunteering with 7 Star.

Our volunteers are one of the most important members of the team here at 7 Star.

Duties include both side-walking and leading horses during sessions.

Side Walking: Side-walkers walk alongside the horse and the client helping to assist and stabilize the client during a session.

Leading: Leaders lead the horse throughout the session.

When doing either of these duties you will be a crucial part of achieving our mission to enhance the lives of individuals through equine-assisted therapy by facilitating healing of the mind, body and spirit through the grace and strength of the horse.

Volunteering Schedule

(Please Check Desired Time-Slots)

Tuesday

Session 1: 1:30-2:30

Session 2: 3:30-4:30

Session 3: 4:30-5:30

Session 4: 5:30-6:30

Session 5: 6:30-7:30

Thursday

Session 1: 1:30-2:30

Session 2: 4:30-5:30

Session 3: 5:30-6:30

Session 4: 6:30-7:30

Note: Please arrive and be prepared to stay 15-30 minutes before and after schedule time.

UNIVERSITY/COMMUNITY SERVICE INFORMATION (Only complete if it applies to you).

If you're volunteering to complete **university curriculum service hours**, how many hours do you need to fulfill your requirement?

If you're volunteering to complete your **Court-mandated community service**, how many hours do you need to fulfill your requirement? _____

Who is the referring Court? _____ Judge? _____

RELATED EXPERIENCE AND SKILLS

Have you had previous experience working with youth with disabilities? Yes No

If "Yes", please describe including specific skills/degrees

Have you had previous experience working with horses? Yes No

If "Yes", please describe:

Please check if you are physically to:

Walk for 45 minutes

Hold arm at or above shoulder level for 45 minutes to support client

Health History

Please list any health or physical problems that you might have that you feel we might need to know, or that would limit your ability to assist in our programs.



Volunteer Release of Liability:

I, _____ would like to participate in the 7 Star Horse Therapy program. I acknowledge the risks and potential risks of horseback riding and of being around horses. I however, feel the possible benefits are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, my assigns, executors or administrators, waive and release forever all claims for damages against 7 Star Horse Therapy, its Board of Directors, Guarantors, Instructors, Therapists, Aides, Volunteers and/or employees for any all injuries and/or losses I may sustain while participating in the 7 Star programs. **WARNING:** Under Texas Law (Chapter 87, Civil Practice and Remedies Code) 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.

Signature _____ Date _____

_ If under 17 years of age, parent/guardian signature required below:

Signature _____ Date _____

Photo and Video Consent – (We frequently take pictures of our sessions to be used in our public relations efforts to tell the story of 7 Star and many times the volunteers are included.)

Signature _____ Date _____

If under 17 years of age, parent/guardian signature required below:

Signature _____ Date _____



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Criminal History Release

NAME: _____
 First Middle Last

Previous names: _____

Driver's License _____ State _____ DOB: _____

I hereby authorize any appropriate certified Law Enforcement Agency to release arrest information about myself to 7 Star.

I understand that this information shall be limited to type, date, and disposition of the offense, if any. I further agree to indemnify and hold harmless that Agency for and from any liability arising from the release of this information.

_ Date Signature

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STAFF USE ONLY:

Criminal History Found – see attached: _____

Date Initials NO Criminal History Found _____

Date Initials