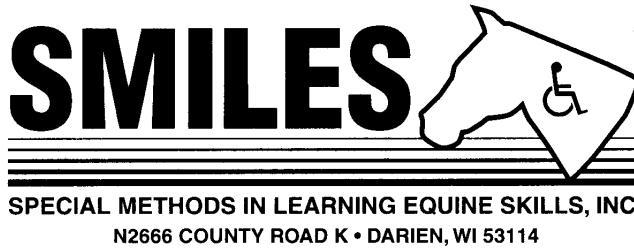


Phone  
(262) 882-3470  
Fax  
(262) 882-5661



E-mail  
smiles@smiles.nu  
Website  
www.smiles.nu

## VOLUNTEER FORM

Today's Date: \_\_\_\_\_

*Please mark those categories that apply:*

NEW volunteer \_\_\_\_\_  
Returning volunteer \_\_\_\_\_  
Parent of rider \_\_\_\_\_  
Parent of youth volunteer \_\_\_\_\_  
Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date Of Birth \_\_\_/\_\_\_/\_\_\_\_\_  
Address \_\_\_\_\_ E-Mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Position (optional) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(Businesses often prefer to give their charitable dollars to causes where their employees volunteer their time. You can help us by sharing your employment info, but please rest assured – we will never use your name without your knowledge and permission.)

**If Minor**, Parent/Guardian Name And Address and **SIGNATURE**

\* \_\_\_\_\_ Phone \_\_\_\_\_  
\* \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

If Student, Name of School \_\_\_\_\_  
How Did You Learn About SMILES? \_\_\_\_\_

Special Interests and Hobbies \_\_\_\_\_

Group Affiliations \_\_\_\_\_

CPR Certified Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Certification \_\_\_/\_\_\_/\_\_\_\_\_  
Horse experience: \_\_\_\_\_ None \_\_\_\_\_ minimal \_\_\_\_\_ moderate \_\_\_\_\_ I own/owned a horse

### Check Areas You Are Interested In:

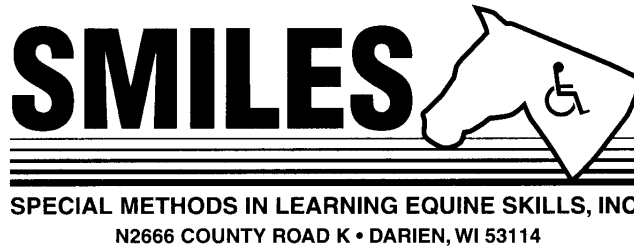
\_\_\_ Class Volunteer      \_\_\_ Fundraisers      \_\_\_ Committees  
\_\_\_ Stable Management      \_\_\_ Volunteer Recruit      \_\_\_ Photography  
\_\_\_ Grounds Keeping      \_\_\_ Hay      \_\_\_ General Office  
\_\_\_ substitute list: will receive weekly emails with our substitute needs for the following weeks classes

### Photo Release

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

Date \_\_\_/\_\_\_/\_\_\_\_ Signature \_\_\_\_\_

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## VOLUNTEER AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize a representative of SMILES to secure and retain medical treatment and transportation if needed.

### In the Event of an Emergency, Please Notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Do you have any health issues or physical limitations we should be aware of? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes please list \_\_\_\_\_

### Volunteer Liability Release

As a volunteer at SMILES: I acknowledge the risk 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 damage against SMILES, its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in SMILES PROGRAM. I understand that all information (written and/or verbal) about participants at this center is confidential and will not be shared with anyone outside the center without written consent from center management.

Date \_\_\_/\_\_\_/\_\_\_ Signature \_\_\_\_\_

### Consent Plan

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

Date \_\_\_\_\_ Consent Signature \_\_\_\_\_

(Volunteer, Parent, or Guardian)

PRINT NAME: \_\_\_\_\_

**OR**

### Non-Consent Plan

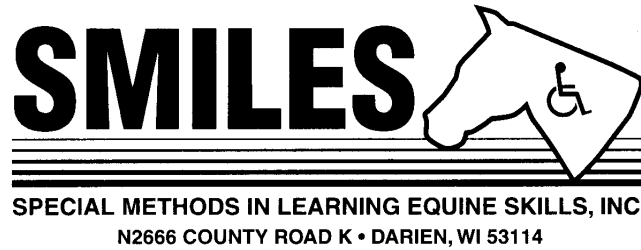
I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of volunteering or while on the property of the agency. In the event of emergency treatment/aid is required, I wish the following procedure to take place:

Date \_\_\_\_\_ Non-Consent Signature \_\_\_\_\_

(Volunteer, Parent, or Guardian)

PRINT NAME: \_\_\_\_\_

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## Volunteer Code of Ethics

As a volunteer I WILL:

1. Listen and follow the directions of the Instructor at all times
2. Respect my fellow volunteers, riders, horses, staff and guests
3. Respect and support the decisions of staff and instructors in regard to the success of the program
4. Learn and stay well informed of Policies and Procedures
5. Actively participate in offered volunteer trainings
6. Help curtail any negative conversations or rumor related comments
7. Focus on the mission and needs of the organizations, not my own needs
8. Keep safety for myself and others in mind at all times
9. Always strive to be a more effective volunteer
10. Report ANY occurrences to the instructor immediately
11. Call as soon as you are aware you may be running late to class, or will be absent from class

**Dress Code:** Volunteers will dress appropriately. Inappropriate attire includes: shirts showing of midriff, halter tops, spaghetti strap tank tops, & shirts with potentially offensive words, pictures or logos. Shoes must be both closed toed and closed heeled and must be appropriate for walking. This means no flip-flops, sandals, clogs, or high-heels.

**Confidentiality:** Names, specific conditions or other personal details are to be held in strict confidence. All records, profiles, & any other information provided by riders, staff, guardians and volunteers will remain sole and private property of SMILES.

**BY SUBMITTING THIS APPLICATION YOU ARE AUTHORIZING A CRIMINAL BACKGROUND CHECK OF YOURSELF. THIS CHECK WILL BE MADE FROM PUBLIC RECORD SOURCES.**

As a SMILES volunteer I agree to adhere to and be responsible for maintaining the above code of ethics and understand my responsibilities as a volunteer.

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_