



Triple Creek Ranch, Inc.

Authorization for Emergency Medical Treatment Form

Name: _____ Todays date _____

Date of Birth: _____ Home Phone: _____ Cell _____

Address: _____ City _____ State _____ Zip: _____

Physician's Name: _____ Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies and allergies to medications: _____

Current Medications: _____

Health History Please describe your current health status, particularly regarding mental/emotional in working in an equine assisted program. Include fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or life style changes.

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____ Cell _____

Name: _____ Relation: _____ Phone: _____ Cell _____

Name: _____ Relation: _____ Phone: _____ Cell _____

In the event emergency medical aid/treatment is required due to illness or injury during the process receiving services, or while being on the property of the agency, I authorize Triple Creek Ranch, Inc. to:

- 1. Secure and retain medical treatment and transportation if needed.
- 2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed reached "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

Triple Creek Ranch, Inc. Volunteer Information Form and Health History

Please complete the following application to be added to our list of potential volunteers. We will contact you as quickly as possible after receiving your application to discuss current volunteer opportunities.

This form is to be reviewed/updated for accuracy yearly. Date and initial below

Name: _____ Birthdate: _____ Age: _____ Today's Date _____

Address: _____ City _____ Zip _____

Home phone _____ Cell _____ Work _____ Drivers license _____

Best number to reach you at? home cell work Email: _____

Work: _____ Address: _____ Phone _____

Parent/Guardian Name & Address: _____

If student name of school: _____ Teacher _____

Check which areas you are interested in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Leading a horse | <input type="checkbox"/> Prayer Team | <input type="checkbox"/> Office Assistant |
| <input type="checkbox"/> Side walking with a student | <input type="checkbox"/> Photographer | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Hay Team | <input type="checkbox"/> Memory Maker | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Exercise Team | <input type="checkbox"/> Greeter | <input type="checkbox"/> Ranch maintenance |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Stable management | |
| <input type="checkbox"/> Web page updates | <input type="checkbox"/> Green Thumb | |

Photo Release

I consent to and authorize the use and reproduction by Triple Creek Ranch, Inc. 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: _____

Volunteer, Parent or Guardian

Volunteer Liability Release

As a volunteer at Triple Creek Ranch, Inc., I acknowledge the inherent risks and potential for risks of all horse related activities including riding, leading, side walking, grooming and observing. 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 Triple Creek Ranch, Inc., its board of directors, advisory board, instructors, therapists, volunteers, employees, property owners and/or horse owners, executive director, and any other person for whom Triple Creek Ranch, Inc. may be legally responsible, from and against any and all claims, damages, losses and expenses arising out of or resulting in bodily injury and or losses I /my child /my ward may sustain while participating in Triple Creek Ranch, Inc. programs.

Date: _____ Signature _____

Volunteer, Parent or Guardian

Definition of volunteering for Triple Creek Ranch Inc.

I understand that I am providing a voluntary service to Triple Creek Ranch Inc. I am volunteering for the organization because I support its work and its goals. I understand that I am not an employee and I have no expectations of compensation, monetary or otherwise.

Date _____ Signature _____

Volunteer

★ *How did you hear about TCRI?*

★ *Why would you like to be a TCRI volunteer?*

★ *As a volunteer, what do you think your strengths are?*

★ *Please tell us your horse experience, working with and/or owning horses.*

★ *Of the skills you possess, which would you like to offer to the ranch?*

★ Do you have CPR Certificate Yes No EMT Certificate Yes No Any other certificates?
Date it expires _____

★ *What message would you like to convey, while volunteering, to children and families at the ranch?*

★ *Tell us about yourself, your family, interesting facts, outstanding talents, funny stories, favorite foods, hobbies, certifications, awards, achievements, etc.*

★ *Please list organizations where you volunteered, your duties and dates:*

★ *We are open to your ideas. Please list and explain here:*

★ *Include letters and references. Feel free to paste a picture of yourself here (or add your picture as an attachment if you are emailing your application).*

Please mail application to or bring to the ranch:
Triple Creek Ranch Inc.
P O Box 493369, Redding, CA 96080
530-524-8426



Triple Creek Ranch, Inc.

Confidentiality

Triple Creek Ranch, Inc. requires that all written, verbal, and observed information concerning clients/students be kept completely confidential. This includes information about fellow volunteers, clients/students, their disabilities, their families, and interactions with others. The purpose of this policy is not only legal, but also to respect the lives of our clients/students and their rights to be treated with utmost courtesy, dignity, and equality. As a Program Volunteer you will most likely see and hear things which you need to agree to keep within this setting. The Therapeutic Riding Instructors and Therapist will share information with you, which will help you work with particular clients WITH THE UNDERSTANDING THAT THIS INFORMATION STAYS WITHIN THE TRIPLE CREEK RANCH, INC. PROGRAM. You must sign this CONFIDENTIALITY AGREEMENT in order to volunteer. Triple Creek Ranch, Inc. THANKS YOU for your consideration of this matter.

I HAVE READ THE ABOVE STATEMENT OF CONFIDENTIALITY AND DISCUSSED ANY QUESTIONS I MAY HAVE WITH TRIPLE CREEK RANCH DIRECTOR. I UNDERSTAND AND AGREE TO ABIDE BY THE ABOVE STATEMENT OF CONFIDENTIALITY.

Print Name	Date
Signature	

Background Information

Have you ever been convicted of a crime? No _____ Yes _____ Please explain: _____

I authorize Triple Creek Ranch Inc. to receive information from any law enforcement agency, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I have had for violations of state or federal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that any such access is for the purpose of considering my application as a volunteer and that I expressly do not authorize Triple Creek Ranch Inc. its directors or other volunteers to disseminate this information in any way to any other individual, group, agency, organization or corporation.

Please list previous States and Counties where you have lived:



Volunteer Agreement

The primary concern of Triple Creek Ranch, Inc.(TCRI) is the students that we serve and the care of the horses. It is expected that all volunteers will conduct themselves in a manner in which enhances the program and overall image of Triple Creek Ranch Inc.

As a Volunteer of Triple Creek Ranch Inc., I understand and agree:

- Be on time for my volunteer shift, and provide as much notice as possible if I am unable to attend a given shift.
- To attend orientation and training in order to provide quality service.
- To participate in designated training sessions when provided to help in my volunteer assignment.
- Perform all assigned tasks to the best of my ability
- To be courteous and respectful to my supervisors, fellow volunteers, and the public, and to conduct myself in a professional manner at all times.
- To fulfill the volunteer hours agreed upon
- DO NOT come to the ranch while under the influence of alcohol or drugs
- Obey all laws and regulations, including traffic laws while volunteering
- DO NOT smoke on the TCRI ranch properties
- To treat with courtesy each individual with whom I come into contact regardless of race, creed, age, gender, or national origin.
- Bring my best skills and abilities to my volunteer work.
- To read my volunteer manual to become a knowledgeable TCRI Volunteer before volunteering.

I _____(your name) have read, fully understand and accept the terms and conditions of volunteering as set out in the volunteer policies and this agreement. I agree to abide and understand that failure to do so may result in my termination as a volunteer.

Signed: _____ Date: _____

Volunteer name (Print): _____

Director signature: _____

Director name (Print): _____