



Exceptional Horseback Riders of Saginaw County, Inc.



No Changes Certification

I agree that all paperwork previously submitted is correct and nothing has changed. I am signing / dating this paper for the current year.

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

REQUIRED SIGNATURES

The above designated person(s) is(are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature:

_____ **Date:** _____

Parent(s) / Guardian / Adult Volunteer (Circle appropriate title)

Witness: _____



Exceptional Horseback Riders of Saginaw County, Inc.



Michigan 4-H Proud Equestrians Program (PEP) Volunteer Registration and Emergency Treatment Form

Date _____
Volunteer: New Return

This form is valid for a period of one year from the date signed.

No individual can be accepted as a volunteer in a Michigan 4-H Proud Equestrians Program until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult 18 years of age or over.

Volunteer: Full Name _____ Date of Birth _____
Mailing Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____ Work Phone (_____) _____
Previous Experience with Horses _____

Parent/Guardian (If Under 18): Full Name _____ Phone (_____) _____
Mailing Address _____
City _____ State _____ Zip _____

Physician: Name _____ Phone (_____) _____
Address _____
City _____ State _____ Zip _____

Person who should be notified in case of emergency in absence of parent/guardian:
Name _____ Phone (_____) _____
Relationship to Volunteer _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

You are being asked to complete this form to give an appropriate medical facility permission to treat _____ (volunteer's name) for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or person listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

Preferred Medical Facility _____

Is there a medical condition, allergy, etc., requiring special precaution or treatment? Yes No

If Yes, please describe: _____

Medications currently being used? Yes No If Yes, please list name, purpose and dosage: _____

In case of medical emergency: The undersigned authorizes the Michigan 4-H Proud Equestrians Program instructor and/or program coordinator to seek any medical and/or surgical treatment necessary for the care of _____ who is participating as a volunteer in the Michigan 4-H Proud Equestrians Program with parent/guardian permission (if under 18 years).

HEALTH INSURANCE

I do not have medical insurance coverage

Name of Policyholder/Relationship to Participant: _____

Policyholder's address _____

Please attach a photocopy of both sides of your insurance card (preferred) OR complete the insurance information requested here.

Name and Address of Insurance Company _____

Insurance Company Phone Number (_____) _____ **Policy Number** _____

Name of Policyholder's Employer _____

REQUIRED SIGNATURES

The above designated person(s) is(are) hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

Signature: _____ **Date:** _____ **Witness:** _____

Parent **Guardian** **Adult Volunteer**



Exceptional Horseback Riders of Saginaw County, Inc.



Michigan 4-H Proud Equestrians Program (PEP) Parent/Guardian-Adult Volunteer Informed Consent and Release of Liability Agreement

This form is valid for a period of one year from the date signed.

No individual can be accepted as a volunteer in the Michigan 4-H Proud Equestrians Program until this form has been completed by his/her parent(s)/guardian or by the individual if he/she is a legally competent adult age 18 or older.

I/we assume the risks and accept the consequences involved in the participation of:

Volunteer's Name

in the Michigan 4-H Proud Equestrians Program,

Exceptional Horseback Riders of Saginaw County, in the county of Saginaw.

I/we acknowledge that horses may be dangerous because they may, without warning, buck, stumble, kick, or move in otherwise unpredictable ways.

I/we are hereby informed of the possible dangers to me/my child/my ward that may result from participation in the program, including soft tissue (including skin and muscle) injury, ligament and tendon injury, bone/joint injury, and exacerbation of chronic conditions.

I/we accept the responsibility for complying fully with all safety rules and practices and I/we will consult with the instructor and/or local director of the Michigan 4-H Proud Equestrians Program for advice in circumstances where safe practices are in doubt.

I/we hereby release Michigan State University and Michigan 4-H Proud Equestrians Program, including their instructors, staff and volunteers, from any liability for injury that may result from participation in the program. This release does not encompass "gross negligence."

I/WE HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.

Signature: _____ **Date:** _____

Parent **Guardian** **Adult Volunteer**

Witness: _____ **Time:** _____

Michigan 4-H Proud Equestrians Program

Copyright © 2006 by the Michigan State University Board of Trustees. These materials may be copied for purposes of 4-H programs and other nonprofit educational groups. The activities and handouts in this publication are designed to be photocopied for nonprofit educational purposes only. 4-H Youth Development grants permission to 4-H programs and other nonprofit educational groups to reproduce these masters. For information address 4-H Youth Development, Michigan State University Extension, 160 Agriculture Hall, East Lansing, Michigan, 48824-1039



Michigan 4-H Proud Equestrians Program
Parent/Guardian-Adult Volunteer
Video, Film and Photography Release Form

This form is valid for a period of one year from the date signed.

No individual can be accepted for as a volunteer in a Michigan 4-H Proud Equestrians Program until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

Note: Participation in a Michigan 4-H Proud Equestrians Program as a volunteer is not contingent on an affirmative (yes) response on this "Parent/Guardian-Adult Volunteer Video, Film and Photography Release Form."

I authorize Michigan State University to record the image and voice of the subject named below and give MSU and all persons or entities acting pursuant to MSU's permission or authority, all rights to use of these recorded images and voice. I understand that said images and/or voice will be used for educational, advertising and promotional purposes in all conventional and electronic media, including but not limited to the Internet, and any future media. I also authorize the use of any printed material in connection therewith. I understand and agree that these images and recordings may be duplicated, distributed with or without charge, and/or altered in any form or manner without future or further compensation or liability, in perpetuity.

Yes

No

Volunteer's Full Name

Parent/guardian name (if volunteer is under 18 years old)

Address: City: State: Zip:

Signature: Date:

Adult volunteer over the age of 18

Signature: Date:

Parent/guardian

Witness: Date:

Michigan 4-H Proud Equestrians Program

Copyright © 2006 by the Michigan State University Board of Trustees. These materials may be copied for purposes of 4-H programs and other nonprofit educational groups. The activities and handouts in this publication are designed to be photocopied for nonprofit educational purposes only. 4-H Youth Development grants permission to 4-H programs and other nonprofit educational groups to reproduce these masters. For information address 4-H Youth Development, Michigan State University Extension, 160 Agriculture Hall, East Lansing, Michigan, 48824-1039 MSU is an Affirmative Action/Equal Opportunity Institution



Michigan 4-H Volunteer Code of Conduct

This form is valid for a period of one year from the date signed.

No individual can be accepted for as a volunteer in a Michigan 4-H Program until this form has been completed by the rider's parent(s)/guardian or by an adult rider who is a legally competent adult 18 years of age or over.

As an MSU Extension volunteer, I promise that I will:

- Accept responsibility to represent Michigan 4-H and MSU Extension programs with dignity and pride by being a positive role model.
- Respect, adhere to, and enforce the rules, policies and guidelines established by local, state and national 4-H and MSU Extension programs, and be courteous and respectful in dealings with other program participants and MSU staff.
- Abstain from, and not tolerate physical or verbal abuse of others through direct interactions or through use of social media or other communication venues.
- Comply with equal opportunity and anti-discrimination laws.
- Avoid criminal activities.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension activity or event.
- Refrain from the use of tobacco, tobacco products, electronic cigarettes, etc. while serving in a volunteer capacity at 4-H activities.
- Under no circumstances, attend or participate in an MSU Extension activity or event under the influence of alcohol and/or other controlled substances.
- Operate machinery, vehicles and other equipment in a responsible manner.
- Report a violation of the Code of Conduct of which I am aware to a MSU Extension staff member or the person in charge of the program.

It is expected that all MSU Extension volunteers comply with the Code of Conduct. Failure to comply with any component of the code or participation in other inappropriate conduct as determined by MSU Extension representatives may lead to dismissal as a volunteer from the MSU Extension program.

Volunteer Signature: _____ **Date:** _____

Evaluation Acknowledgement

As a volunteer in the Michigan State University Extension/ 4-H program, you may be asked to help with the evaluation of the program. You may be asked to complete a short survey about what you learned or did as a result of the program. Surveys could be given before the program begins and/or after the program has ended. Surveys typically take no more than 10 minutes to complete. All surveys are confidential. You are not required to participate in a survey. If you do not wish to participate, it will not affect involvement in any programs of Michigan State University. If you do not want to participate in program evaluations or have questions about the evaluation, contact your local 4-H coordinator at the MSU Extension Office.

Volunteer Signature: _____ **Date:** _____



CONFIDENTIALITY POLICY

I. General Principles

Riders and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information.

- *The therapeutic riding center shall preserve the right of confidentiality for all individuals in its program.*

II. Information Covered by the Confidentiality Policy

It is important to specify exactly what kind of information is covered by the policy, such as medical, financial or other sensitive information. You must maintain the confidentiality of such information regardless of how it is obtained. Disclosures can occur because a chart, record, or computer screen is left unattended. Someone may overhear a discussion or a third party may give information. This kind of information is protected and employees or volunteers who receive this information must not disclose it to anyone else without proper authorization.

- *The staff shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.*

III. Person Subject to the Confidentiality Policy

Anyone who works or volunteers for, or provides services to, the therapeutic riding center should be bound by the policy. This includes but is not limited to:

- *full and part-time staff*
- *independent contractors*
- *temporary employees*
- *volunteers*
- *board members*

The policy should also apply to anyone connected with your center that could obtain this information either accidentally or on purpose.

I understand and will observe the confidentiality policy of Exceptional Horseback Riders of Saginaw County, Inc.

Signature: _____ **Date:** _____

Witness: _____



MSU EXTENSION VOLUNTEER APPLICATION FORM

NEW Volunteers Only

Extension volunteers working with youth aged 19 and under and/or with adults who have severe mental, physical or emotional disabilities must complete this application.

Name: _____ (Last) (First) (Middle)

Address: _____ (Street) (City) (Zip)

Telephone: (_____) _____ (Home) (_____) _____ (Work)

Do you have a valid driver's license? _____ Yes _____ No

Do you have a valid automobile insurance policy? _____ Yes _____ No

Why do you want to be an MSU Extension volunteer? _____

Please describe briefly your volunteer experience, work you have done with youth and community groups, and training you've received.

Please list your interests and skills (for example, drama, food and nutrition, computers, photography, health/safety/wellness, animal science, horticulture, leadership, group process skills, citizenship, natural resources, marine and water resources, community service, career development). Feel free to list any and all others!

I prefer: _____ Working with youths: _____ Working with adults
_____ aged 5 to 8
_____ aged 9 to 12
_____ aged 13 to 19



Exceptional Horseback Riders of Saginaw County, Inc.



MSU EXTENSION VOLUNTEER APPLICATION FORM (continued)

NEW Volunteers Only

How much time are you willing to spend as an MSU Extension volunteer?

Weekly _____ Monthly _____

Please list three references. Include business associates, employers or social friends. (Do not list relatives.) Be sure you include persons who can provide information about your qualifications and suitability for working as a volunteer with youth programs.

1. _____
Name **Address**

Phone #'s (home) _____ (work) _____ E-mail: _____

2. _____
Name **Address**

Phone #'s (home) _____ (work) _____ E-mail: _____

3. _____
Name **Address**

Phone #'s (home) _____ (work) _____ E-mail: _____

Have you ever been turned down as a volunteer with a youth-serving organization? Check yes or no.
 _____ No _____ Yes - If yes, please explain: _____

I understand that my enrollment as a volunteer is contingent upon successful completion of the application process. I give my permission for the above-named references to release information about me and for my criminal history to be verified.

I understand that MSU Extension does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, disability, political beliefs, sexual orientation, marital status or family status, and that this application will be handled in a confidential manner.

I agree to serve as a volunteer for Michigan State University Extension. I understand that either party may cancel this relationship at any time.

I certify that the above information is correct. I agree to inform MSU of any changes.

Signature

 Date

Thank you for your willingness to share your talents!



MSU Extension Criminal History Check Permission Form

NEW Volunteers Only

To protect your privacy, this form will be seen only by Michigan State University Extension staff and the volunteer coordinator.

Last Name First Name Middle Initial

Race: _____ White _____ Black _____ Asian or Pacific Islander
_____ American Indian or Alaskan Native _____ Unknown/Other

Sex: _____ Male _____ Female Date of Birth: _____ / _____ / _____
Month Date Year

Michigan Driver License Number: _____

Other Last Name Other First Name Other Middle Initial

Other Last Name Other First Name Other Middle Initial

Other Last Name Other First Name Other Middle Initial

Have you ever been convicted of a **felony** or a **misdemeanor**? _____ No _____ Yes

If yes, please explain: _____

I give Michigan State University Extension permission to check my criminal history with state and local police as well as with any jurisdictions in other states in which I have lived.

Signature: _____ **Date:** _____

Note: A criminal record will not necessarily disqualify an applicant. A criminal record is one piece of information that will be considered in determining the appropriateness of an individual to be an MSU Extension volunteer.



Exceptional Horseback Riders of Saginaw County, Inc.



NEW Volunteer Information Form

Date: _____ Name: _____

Date of Birth: _____

Do you have any physical limitation? _____ No _____ Yes

If so, please specify: _____

Can you walk for approximately 45 minutes, including jogging for a short distance?

_____ Yes _____ No

Given the chance to change sides frequently, can you hold your arm above shoulder height and support a modest weight? _____ Yes _____ No

Are you comfortable working or walking around horses/ponies?

_____ Yes _____ not really, but I want to learn more

Check if you have had experience with:

_____ Horses _____ Persons with disabilities _____ Children

Please specify, especially horse experience:

Please list any other skills or training which you believe may be of benefit to this program.

If new to our program, how did you learn about the Exceptional Horseback Riders of Saginaw County?



Volunteer Expenditure Form

The purpose of this form is to help validate volunteer's contribution deduction. It is the volunteer's responsibility to maintain receipts and other paperwork to substantiate their contribution deduction in the event of an IRS audit. The IRS continues to require written documentation (cash register receipts, credit card receipts, canceled checks, mileage logs, etc.) to validate contributions. However there is no need to send these receipts to EHRSC; keep them for your records UNLESS they total over \$2,000. If your expenses are over \$2,000 EHRSC would require a copy of your receipts for verification with our auditor. For more information about IRS requirements, authorized deductions and mileage allowances, please review IRS publication 526, visit http://www.irs.gov/pub/irs-pdf/p526.pdf or consult your independent tax consultant.

In order to receive a tax donation letter from EHRSC, please complete, sign and date this form and send or give a copy to Tina Bennett or the board treasurer at EHRSC. They will then send you a tax donation letter which you can attach to your copy of this form and your receipts to use at tax time. Please include expenditures from one calendar year only on each form. Use blank lines for miscellaneous expenses, which may include things such as donated items, monetary contributions, etc.

Table with 2 columns: Expense Type, Total Expense for Year. Rows include Mileage (calculate total mileage for year by current IRS rate) and Total Expenditures.

Your Printed Name: _____ Date: _____

Your Signature: _____

Tax ID # 23-7415102