

Volunteer Application for Shining Stars Therapeutic Riding Ministry

Please print clearly and sign/date application where indicated.

Shining Stars Therapeutic Ministries
3185 York Road
Gettysburg, PA 17325

Date Application Received _____

Please Print and Answer All Questions

Brandy Crago (717) 398-8327 Email brandycrago@gmail.com
Do you currently have clearances through Freedom Valley Church?
If Yes, date & position applied for:

Date of Application _____

SECTION I Name Address Are you a United States Citizen? Do you have a disability, handicap or a medical condition that might limit your job performance? Volunteer's Height: Date of Birth Telephone Cellular Telephone Email

SECTION II In the Event of an Emergency: Contact Name: Relation: Telephone:

In case emergency medical aid/treatment is required due to illness or injury during the process of activities or while on the property. I authorize Shining Stars Therapeutic Riding Ministry to: Consent Plan: This authorization includes but not limited to x-ray, surgery, hospitalization, medication & any treatment procedure deemed "life-saving".

Non-Consent Plan: I do not give consent for emergency medical aid/treatment in the case of illness or injury during Shining Stars Therapeutic Riding Ministry activities or while being on the property. In the event emergency aid/treatment is required, I wish the following procedures to take place:

SECTION III **References:** Give Name, Address & telephone number of three references (Not related to you).

Name	Address	Telephone
1		
2		
3		

SECTION IV **Child Abuse Statement:** Have you ever been convicted of child molestation? No Yes If Yes, please explain

SECTION V **Felony History Statement:** Have you been convicted of a felony and/or released from prison within the last 7 years?

No Yes If yes, please describe in full, including date(s).

SECTION VI **Summarize special skills and qualifications acquired from employment and/or other social organizations:**

SECTION VII **Release/Agreement:**

I certify that answers and information given herein are true and complete to the best of my knowledge.

I authorize any references listed in this application to give you any information (including opinions) that they may have regarding my character and fitness for volunteer work in Shining Stars. I release all such references from any liability for furnishing such evaluations to you, provided they do so in good faith and without malice. I waive any right that I may have to inspect references provided on my behalf.

Should my application be accepted, I agree to be bound by the policies of Shining Stars and to refrain from unscriptural conduct in the performance of my services on behalf of Shining Stars.

Signature of Applicant **Date**

Release and Waiver of Liability

In consideration of being permitted to participate in the equestrian activities being offered by Shining Stars/Freedom Valley Worship Center, the undersigned, for himself, his personal representatives, heirs, and next of kin, hereby agrees to the following:

1. Hereby, releases, waives, discharges and covenants not to sue Shining Stars/Freedom Valley Worship Center, its officers, employees, volunteers, and other participants all for the purposes herein referred to as "release", from all liability to the undersigned, his personal representatives, assigns, heirs and next of kin for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property resulting in death of the undersigned, whether caused by the negligence of the release or otherwise while the undersigned is in or upon the premises for the purpose of participating in the Shining Stars/Freedom Valley Worship Center activities
2. Hereby agrees to indemnify and save and hold harmless the release and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in or upon the premises and whether caused by the negligence or the release or otherwise.
3. Hereby assumes full responsibility for and risk of bodily injury, death or property due to the negligence of release or otherwise while on the premises.

The undersigned expressly acknowledges and agrees that the program activities can be very dangerous and may involve the risk of serious injury and/or death. The undersigned agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the state in which the class is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreements have been made.

I have read the release and agree to its terms:

Volunteer

Volunteer Signature

Date

Printed Name

Parent/Guardian if Volunteer is a minor

Date