



Horse Power Healing Center, Inc.

S.101 W.34628 County Road LO Eagle, WI 53119

Phone: 262-594-3667

Fax: 262-594-5163

www.horsepowerhealingcenter.com

- Volunteer Training _____ (date)
- Signatures Verified
- Interview _____ (date)
- Input into Volunteer Database

2025 VOLUNTEER APPLICATION

Thank you for your interest in volunteering with HPHC! Our volunteers are the backbone of our program and without them our students could not ride. HPHC volunteers must be at least 12 years of age.

Please complete the following application.

Please Note: HPHC cannot accept applicants into volunteer programs, who have been arrested for or convicted of, crimes against persons and/or animals. You will be subject to background check as part of this application process.

Name: _____ Date: _____

Address: _____

Email: _____ Best method to contact you? _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ May we call you at work? _____

Occupation: _____ Employer: _____

If Student: School: _____ Grade level: _____

Parent/ guardian name and address if under 18: _____

Are you able to walk for 45 minutes and jog short distances? ___ Yes ___ No

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

If yes, please describe: _____

- I accept responsibility to inform the people I am working with of my limitations.*

Signature: _____ Date: _____

Parent/Guardian signature if volunteer is under 18: _____

Junior Volunteer Requirements

Junior Volunteers are defined as volunteers who are between the ages of 12 and 16. Junior Volunteers **MUST** be accompanied by a parent, adult family member or guardian until they have demonstrated that their maturity and skills are at the level that supervision by a parent, adult family member or guardian is no longer necessary. This will be determined by a HPHC staff member. All Junior Volunteers must demonstrate the ability to act responsibly in the barn area and follow barn rules and guidelines. Junior volunteers are required to attend a New Volunteer Orientation and a Junior Volunteer Training session, before they begin their volunteer service at HPHC. No exceptions will be made.

All volunteers under the age of 16 must be under direct supervision **at all times**. Direct supervision can be provided by a parent, adult family member, guardian, designated HPHC volunteer, HPHC instructor or HPHC staff member.

I agree to provide adult supervision as outlined in the Junior Volunteer requirements above.

Parent/ Guardian signature: _____ Date: _____



Horse Power Healing Center, Inc.

Volunteer Application Continued

Please check which volunteer areas *most* interest you:

| Lesson Volunteer | Equine Care | Facility Maintenance | Administration | Special Events |
|---|--|--|--|--|
| <input type="checkbox"/> Therapeutic Riding | <input type="checkbox"/> Barn Cleaning | <input type="checkbox"/> Flowerbeds | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Open House |
| <input type="checkbox"/> Non-mounted Equine Learning Lessons | <input type="checkbox"/> Feeding | <input type="checkbox"/> Weed Eating | <input type="checkbox"/> Newsletter | <input type="checkbox"/> HPHC Benefit Horse Show |
| <input type="checkbox"/> Horses for Hope program | <input type="checkbox"/> Grooming | <input type="checkbox"/> Fencing | <input type="checkbox"/> Photography | <input type="checkbox"/> HPHC Promotional Booths |
| <input type="checkbox"/> Horses for Heroes program | | <input type="checkbox"/> Unloading Hay | <input type="checkbox"/> Videographer | <input type="checkbox"/> Baking/Cooking for Events |
| | | <input type="checkbox"/> Pasture maintenance | <input type="checkbox"/> Volunteer Recruitment | <input type="checkbox"/> Seeking Donations for Events |
| | | | <input type="checkbox"/> Staff Assistant | <input type="checkbox"/> Seeking Sponsors for the Students/Horses |
| | | | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Seeking Sponsors for the Horse Shows |
| | | | <input type="checkbox"/> Public Relations | |
| | | | <input type="checkbox"/> Website | |

| Volunteer Availability Morning 8am-12pm Afternoon 12pm- 4pm Evening 4pm-6pm | | | | |
|--|----------------------|------------------------|-----------------------|---------------------|
| Please indicate days and times available: | | | | |
| Monday _____ | Tuesday _____ | Wednesday _____ | Thursday _____ | Friday _____ |
| Saturday _____ | Sunday _____ | | | |

Other: _____
Please list any skills you would like to offer the program

How did you hear about HPHC? _____

Why are you interested in volunteering at HPHC? _____

Do you have any experience or training working with people with disabilities? _____ Yes _____ No

Please Describe: _____

Do you or any member of your family belong to a service group? (Rotary, Lions Club, Kiwanis, etc.) _____ Yes _____ No

HORSE EXPERIENCE SURVEY

I have little or no horse experience (No need to complete this page)

Name _____

Have you ever volunteered with a therapeutic riding program? Yes No If yes: What program and in what capacity? _____

How many years have you been riding? _____ Have you ever owned a horse? Yes No

Have you taken professional riding lessons? Yes No What discipline? _____

Rate your experience level (1=beginner to 3 = horse trainer) 1 2 3 (circle one)

Can you tie a quick-release knot? Yes No

Can you catch, lead & groom and tack a horse unassisted? Yes No

Western Tack

English Tack

Describe your horse experience (include trail riding, competition (what type), training, specific discipline you are most knowledgeable about, etc.) _____

How would you detect lameness in the horse you are assigned to for a particular class? _____

What body language would you look for if a horse was unhappy or on the verge of spooking? _____

What would you do if the horse you are leading becomes anxious or nervous? _____

In a class situation, how would you get your horse to move (either the animal won't walk or won't trot)? _____

BACKGROUND INFORMATION

Name: _____

Current Address: _____

Current Driver's License No Yes License Number: _____ State: _____

Have you ever been charged with or convicted of a crime? Yes No

If yes, please explain: _____

Signature _____ Date _____

Signature of volunteer, parent or guardian (if volunteer is a minor)

VOLUNTEER CODE OF ETHICS

As a Volunteer, I Will:

1. Listen carefully to HPHC staff members.
2. Respect my fellow volunteers.
3. Respect and support the decisions of staff and board members in regard to the success of the program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and HPHC policies.
5. Participate actively in volunteer trainings and assist other volunteers as they join HPHC.
6. Bring to the attention of the Volunteer Coordinator or Executive Director any issues that I believe will have an adverse effect on the organization or those we serve.
7. Help curtail any negative conversations or rumor related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the organization and do my best to ensure that it is well maintained – keeping safety and quality in mind.
10. Always strive to learn how to be a more effective volunteer.
11. Report any occurrences to the Instructor immediately.
12. Call as soon as I am aware I may be running late to class, or will be absent from class.

As a Volunteer, I will *not*:

1. Criticize fellow volunteers and staff members or their opinions.
2. Use the organization for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

Warning System:

Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. This responsibility may include direct one-on-one communication with the person involved in discussion privately; at a larger meeting; or speaking to a staff member. *Where repeated attempts have been made to rectify a volunteer's non-compliance with the Code of Ethics, or where severe violation of the Code of Ethics has occurred, prompt action will be taken to remove or suspend the individual.*

As a Horse Power Healing Center volunteer, I agree to adhere to and to be responsible for maintaining the above Code of Ethics.

Signature of Volunteer _____ Date _____

Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek

Authorization for Emergency Medical Treatment Form/ Liability Release

Participant Name: _____ DOB: _____

Email: _____ Phone: _____

Allergies to any medications or foods: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Liability Release

Client/Rider/Participant Name: _____

would like to participate in the Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, activities programs. I acknowledge the risks potential risks of horseback riding. Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to person or property resulting from the risks of equine activities. **NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of an person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in Section 895.481 (1)(E) of the Wisconsin Statutes.**

However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs, and assigned executors or administrators, waive and release forever all claims and damages against, Horse Power Healing Center & Jericho Creek Farms & Wendy Konichek, Norman and Linda Konichek, equine activities, its board of directors, instructors, therapists, aides, volunteers, boarding facilities, boarders, and/or property owners, and/or employees for any and all injuries which I/my son/my daughter/my ward may sustain while participating in the Horse Power Healing Center & Jericho Creek Farms activities and programs.

Consent Signature: _____ Date: _____

Client/Rider/Participant, Parent or Legal Guardian

PHOTO RELEASE

I DO DO NOT

consent to and authorize the use and reproduction of any and all still and/or video photography 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 Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Signature: _____ Date: _____

Client/Rider/Participant, Parent or Legal Guardian

***** Please sign one of the Consent Plans below*****

Consent Plan

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek 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

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

Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian

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 receiving service on the property of Horse Power Healing Center, Inc. & Jericho Creek Farms & Wendy Konichek.

Parent or guardian will remain on site at all times during equine assisted activities. In the event that emergency treatment/aid is required, I wish the following procedure to take place: _____

Non-Consent Signature: _____ Date: _____

Client, Parent or Legal Guardian



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Confidentiality Policy

Horse Power Healing Center, Inc. (HPHC) recognizes the right of participants/riders and their families to have privacy and control over any information that may be personal or sensitive. In order to respect that right, HPHC has adopted the following policy regarding confidentiality.

Those bound by the directives of this policy are ALL persons in any way connected with HPHC, including but not limited to: full and part-time staff, volunteers, board members, temporary employees, independent contractors, and instructor workshop/training/certification participants. Any person violating these policies will be subject to penalties ranging from reprimand to alteration of job responsibilities, to termination, to legal action.

Information considered to be confidential includes all medical, familial, social, referral, personal, and financial concerns regarding a participant and/ or his/her family. Such information is considered confidential regardless of how it is obtained, whether directly from the participant or family, HPHC staff, volunteers, or others associated with HPHC, or inadvertently from other sources, such as but not limited to a chart, computer screen or overheard conversation.

Instructors may deem it necessary to inform individuals directly associated with participant/rider medical/behavior information related to providing equine-assisted therapeutic services to the participant/rider. This information is solely for equine-assisted therapeutic services.

Consent to disclose information to outside individuals or agencies, including photographs and videotapes, should be obtained in writing from the proper legal representative. Adults age 18 and over with developmental disabilities are presumed to be competent to give consent unless they have specifically been found incompetent in a court of law. In such case, a substitute decision-maker would be assigned, and any consent must be obtained from that decision-maker.

I have read the HPHC Confidentiality Policy as described above and agree to observe its principles.

Printed Name: _____

Signature: _____ **Date:** _____

Signature of Parent/Guardian if under 18 years old: _____