

*Queen of Hearts
Therapeutic Riding Center, Inc.*

*6407 Dana Avenue
Jurupa Valley, CA 91752
queenofheartsranch.com ~ 951-734-6300*



Thank you for your interest in Queen of Hearts Therapeutic Riding Center, Inc. We at Queen of Hearts are very proud of what we accomplish and hope that you will want to be part of our team.

Our primary concern at Queen of Hearts is to provide safe, effective sessions for our clients. Without conscientious, dependable volunteers, this would not be possible. It is very important to have consistency. The staff and other volunteers invest a lot of time training new volunteers. Because of the time and effort involved in training you and our need for consistency, we request a minimum commitment of six months for a weekly volunteer. The exception to this are summer volunteers, special projects, or those with changing work schedules (i.e., teachers, students, nurses).

Please bring your completed application to:

Queen of Hearts Therapeutic Riding Center, Inc.
6407 Dana Avenue
Jurupa Valley, CA 91752

We are located east of the 15 freeway between the 60 freeway and the 91 freeway in the town formerly known as Mira Loma. To get there:

- ♥ I-15 to Limonite - then go East to Wineville (the second signal from the freeway)
- ♥ Turn South (right) on Wineville and go to the first street on the left - 64th Street
- ♥ Turn East (left) on 64th Street.
- ♥ You will pass a STOP sign at Smith Street.
- ♥ As you approach the next street (DANA) you will see white fence along the right side of the street. This is our arena.
- ♥ **The entrance to Queen of hearts is accessible through 64th street before you reach Dana Avenue.**
- ♥ You may park across the street from the arena but not immediately next to the arena fence. Otherwise, proceed to Dana and turn South (right) on to Dana and park there. Please do not block our neighbors' driveways or mailboxes. Also, please leave the handicapped parking area at the ranch entrance for our clients.
- ♥ Volunteer orientation begins in the office shed.

We all look forward to meeting you and working with you to accomplish our goals.

Sincerely,

Robin L. Kilcoyne

Robin L. Kilcoyne
Founder/Executive Director
rkilcoyne@queenofheartsranch.com

Office Use Only
Matrix _____
Email List _____
Volgistics: _____
MailChimp: _____

Queen of Hearts Therapeutic Riding Center, Inc.

6407 Dana Ave., Jurupa Valley, CA 91752

Phone: (951) 734-6300;

email: queenofheartsTRC@gmail.com

website: http://queenofheartsranch.com

Office Use Only
SW Training _____
HH Training _____

Volunteer Application

NAME: _____ DATE OF BIRTH: _____ AGE*: _____

(*All volunteers must be at least 14 years old.)

ADDRESS: _____
Street City State Zip

PHONE: (H) _____ (C) _____ (Parent) _____
(if applicable)

E-MAIL: _____

MAY WE PUT YOU ON OUR MAILING LIST? Yes No

(WE DO NOT AND WILL NOT SELL OR GIVE AWAY YOUR INFORMATION TO THIRD PARTIES)

VOLUNTEER POSITIONS

Lesson Volunteers leading and side-walk during lessons, groom and tack horses for lessons, and perform barn maintenance.

Administrative Volunteers assist with clerical duties and marketing.

Fundraising Volunteers plan and staff special events which direct the community's attention and support to the Center. They can also assist with grant writing, corporate gift solicitation and membership letter writing.

Maintenance Volunteers perform routine maintenance and repair on the Center's facilities and assist in facility development projects. Previous maintenance experience and tools are useful.

My Volunteer Interest(s) are:

Lessons	Administrative	Special Events	Maintenance
<input type="checkbox"/> Horse Handler/Leader	<input type="checkbox"/> Clerical	<input type="checkbox"/> Horse Shows	<input type="checkbox"/> Facility Repairs
<input type="checkbox"/> Side Walker	<input type="checkbox"/> Marketing	<input type="checkbox"/> Horse Schooling Team	<input type="checkbox"/> Facility Development
<input type="checkbox"/> Barn Duties	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Promotions	
<input type="checkbox"/> Grooming	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Strategic Planning	

SKILLS and INTERESTS:

Current Employer/School: _____ Occupation/Grade: _____

Educational Background: _____

Previous Volunteer Experience: _____

Hobbies & Interests: _____

Explain Previous Equine Background: _____

Experience: Horses ___ Sign Language ___ Spanish ___ Computer ___ 1st Aid ___ CPR (Adult, Child & Infant) ___ Other: ___

Experience working with a particular disability: _____

HOW DID YOU LEARN ABOUT THE PROGRAM? _____

AVAILABILITY (Please mark all days and times you are available to be scheduled.)

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am (Summer Only)						
8am						
9am						
10am						
11am						
12am-2pm Break						
3pm						
4pm						
5pm						
6pm						
7pm						

LESSON AND SPECIAL EVENT VOLUNTEERS:

I would like to ALSO be on Queen of Hearts' last-minute call list: Yes No

Do you live or work within 10-15 minutes of Queen of Hearts? Yes No

I can ONLY be on Queen of Hearts' last-minute call list: Yes No

CONFIDENTIALITY POLICY

I. General Principles

Participants and their families have a right to privacy that gives them control over the dissemination of their medical or other sensitive information. Queen of Hearts Therapeutic Riding Center, Inc. shall preserve the right of confidentiality of all individuals in its program.

II. Information Covered by the Confidentiality Policy

You must maintain the confidentiality of personal 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 persons who receive this information must not disclose it to anyone else without proper authorization. Therefore, staff and volunteers shall keep confidential all medical, social, referral, personal and financial information regarding a person and his/her family.

III. Persons Subject to the Confidentiality Policy

Anyone who works or volunteers for, or provides services to, the therapeutic riding center is bound by the policy. This includes, but is not limited to: Full- and part-time staff, independent contractors, temporary staff, volunteers, and board members.

IV. Competency and Informed Consent Disclosure

A participant may not be competent to give consent for disclosure of medical or sensitive information or both (including photographs and videotapes) because of age or mental incapacity. As a rule, infants and children under age 18 do not have legal authority to consent to disclosure. Only parent(s), legal representatives or others defined by state statute generally have this authority. Adults with developmental disabilities are presumed legally competent to give or deny consent to disclosure unless they have been adjudicated incompetent to make this type of health care decision. If a substitute decision maker has been appointed, you must obtain specific information written consent from that individual.

V. Intra-Agency Access to and Disclosure of Medical and/or Sensitive Information

The number of staff members requiring medical or sensitive information or both at a health care facility is likely to be higher than at a therapeutic riding center. Queen of Hearts Therapeutic Riding Center, Inc.'s policy is to not permit access to, nor disclosure of, such information without participant's consent based on a perceived need to protect staff or anyone else possible exposure through casual contact.

Casual contact poses no risk of transmission of diseases such as HIV. The most effective method of protection for situations in which staff may be exposed to the blood of a participant is the use of infection control procedures. These procedures will be used with all participants under the assumption that all participants may have HIV, hepatitis or other blood borne diseases. Knowledge that a particular participant has a HIV infection does not protect staff members from transmissions; using universal precautions does.

VI. Extra-Agency Disclosure of Medical and/or Sensitive Information

Queen of Hearts Therapeutic Riding Center, Inc. will not disclose information to outside agencies or individuals without the specific written consent of the participant.

VII. Penalties for Unauthorized Disclosures

Personal and professional penalties can result from breaching confidentiality such as reprimand, loss of certain job responsibilities and termination.

I HAVE RECEIVED, READ, UNDERSTAND AND OBSERVE THE QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC.'S CONFIDENTIALITY POLICY.

Volunteer's Name: _____ Volunteer's Signature: _____ Date: _____

IF MINOR, Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____

RELEASE AND HOLD HARMLESS

WARNING

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 risk of equine activities.

The program at QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC. ("QUEEN OF HEARTS") provides therapeutic horseback riding for children and adults with special needs. Volunteers and horses are carefully selected and trained and safety equipment is required for all riders since horseback riding is a risk exercise. No participant will be accepted for riding instruction and no volunteer accepted for service until this form has been READ, UNDERSTOOD, COMPLETED and SIGNED by the parent(s) or guardian(s) of a minor, or if the client or volunteer is of legal age and sound mind, by the client or volunteer.

“Participant” is hereby intended to mean any person participating in programs and activities at QUEEN OF HEARTS to include, but not limited to: riders, clients, paid and unpaid staff and contractors.

Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risks involved in riding and working around horses. This includes bodily injury from horseback riding or being in close proximity to horses. Among other risks, both horse and participant can be injured in normal use or in competition and schooling. In order to provide this valuable service, NO LIABILITY will be accepted by QUEEN OF HEARTS, or any of the organizations, officers, directors, instructors, personnel, volunteers or other persons connected with the above-named facility.

IN CONSIDERATION for the privilege of riding and/or working around horses at QUEEN OF HEARTS, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to release, hold harmless and indemnify QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, costs, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorney fees, which the undersigned or said minor may now or in the future have against QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors and assigns, on account of any accident, damage, injury or illness, physical or mental condition, known or unknown, to the undersigned or said minor, or the treatment thereof, arising as a result of, or in any way connected to acts or incidents occurring at or relating to QUEEN OF HEARTS, its officers, directors, trustees, agents, employees, representatives, successors or assigns, including but not limited to their negligence or gross negligence in rendering the services described above or in any way incidental thereto.

Volunteer's Name: _____ Volunteer's Signature: _____ Date: _____

Guardian #1 Signature:	Guardian#2 Signature:
Print Name/Relationship:	Print Name/ Relationship:
Date:	Date:

BACKGROUND INFORMATION (Not Applicable to Minors):

Have you ever been charged with or convicted of a crime? Y N:

Please explain _____

I, _____ (name), authorize QUEEN OF HEARTS RANCH and/or QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC. to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state or federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including , but not limited to convictions for crimes committed upon children. I understand that such access is for the purpose of considering my application as an employee/volunteer, and that I expressly DO NOT authorize the operating center, its directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

Volunteer's Name: _____

Volunteer's Signature: _____ Date: _____

Current Driver's License Number: _____ State: _____

PHOTO RELEASE:

I _____ DO

_____ DO NOT

consent to and authorize QUEEN OF HEARTS RANCH and QUEEN OF HEARTS THERAPEUTIC RIDING CENTER, INC. (collectively, "QUEEN OF HEARTS"), to use any and all still and/or moving photographs and films, including television pictures, in which myself, my/our SON/DAUGHTER/WARD, **(Enter Name)**

_____, appear and consent and authorize QUEEN OF HEARTS to use and reproduce the photographs, films and pictures and to circulate and publicize the same by all means including, but not limited to, newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material. With respect to the foregoing matters, no inducements or promises have been made to me/us to secure my/our signature(s) to this release other than the intention of QUEEN OF HEARTS and its work.

Volunteer's Name: _____

Volunteer's Signature: _____ Date: _____

Guardian #1 Signature:	Guardian#2 Signature:
Print Name/Relationship:	Print Name/ Relationship:
Date:	Date:

HEALTH & EMERGENCY INFORMATION

Name: _____ DOB: _____
 Parents or Legal Guardians: _____
 Address: _____ City: _____ State: _____ Zip: _____
 PHONE NUMBERS: Home: _____ Work: _____ Cell: _____

IN CASE OF EMERGENCY, CONTACT:

 Name Address PHONE: _____
 PRIMARY PHYSICIAN'S NAME: _____
 PREFERRED MEDICAL FACILITY: _____
 HEALTH INSURANCE COMPANY: _____ POLICY#: _____

HEALTH HISTORY AND PHYSICAL REQUIREMENTS:

Recent Medical Tests:
 Last Tetanus Shot: _____ Tuberculosis Test + - Date: _____
 (Consult your physician or local health department if you are not up to date with these shots/tests.)

Please describe your current health status, particularly regarding the physical / emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies:

Medications:

I realize that many of the volunteer positions at QUEEN OF HEARTS require me to be in good health, physically active and mentally alert and focused for 2-4 hours of riding lessons or other equine-assisted activity. I also acknowledge that I must be able to walk briskly, occasionally jog, and also be able to tolerate times when there may be severe weather and dust. I understand that the information provided above is accurate to the best of my knowledge. I know of no reason why I should not participate in this operating center's program.

Volunteer's Name: _____ Volunteer's Signature: _____ Date: _____

Guardian #1 Signature:	Guardian#2 Signature:
Print Name/Relationship:	Print Name/ Relationship:
Date:	Date: