



Equine Assisted Services

Volunteer Registration

FOR OFFICE USE ONLY

Training Date: _____

____ Release of Liability

____ Media Consent

____ Confidentiality Agreement

Staff Initials: _____

MESA provides equine-related therapy activities to individuals with disabilities within Sublette County, Wyoming. The mission of MESA is to promote self-esteem, self-confidence, physical independence, and social interaction through equine-related activities. Please join us in our mission and share your passion for horses with individuals who may not have had the opportunity otherwise. In return, you will gain a truly unique experience through touching the lives of others. Whether you are new to horses, or an expert, have past experience working with people with disabilities or none at all, like the outdoors or would prefer to help in the office, we invite you to join our program. Your interest and commitment as a volunteer is invaluable to our mission. On behalf of the staff and participants of MESA, THANK YOU in advance for your help in making our program successful!

Please return form to: **PO Box 516, Pinedale, WY 82941**
or email to: subletterides@gmail.com

GENERAL INFORMATION:

Today's Date: _____

Date Of Birth: _____

Name: _____

Last

First

Middle Initial

Mailing Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____ Best way to reach you: _____

EMERGENCY INFORMATION:

Contact Name: _____

Primary Phone: _____ Alt. Phone: _____

Do you have any medical conditions or allergies that we should know about? YES NO

If yes, please explain. _____

VOLUNTEER EXPERIENCE (FOR NEW VOLUNTEERS ONLY):

Please list any prior volunteer experience that you have: _____

Please list any professional certificates, skills, or trainings completed: _____

Please list any special communication skills (sign language, bi-lingual): _____

Will you be receiving school or community service credit for your volunteer work? YES NO

If YES, how many hours will you need to complete? _____

AVAILABILITY: Please mark the days, times, and any events that you would like to volunteer:

Time/Day	Tuesdays Pinedale	Wednesdays Big Piney	Thursdays Pinedale	Rendezvous Weekend	MESA Horse Show	Horses	Other
Morning							
Afternoon							
Evening							

EQUESTRIAN EXPERIENCE:

Please explain any personal experience that you have had with horses or therapeutic riding activities:

As a volunteer, you may be asked to lead walk or run beside the horse for up to an hour per lesson, off and on, in varying weather conditions or unstable footing. Do you have any physical limitations that would make this difficult for you? YES NO If yes, please explain:

PROGRAM INTEREST:

Please check additional skills you may be willing to contribute to the organization:

☐ Event Planning ☐ Photography ☐ Arts & Crafts ☐ Grant Writing
☐ Newsletter ☐ Equipment Maintenance ☐ Office Administration ☐ Fundraising
☐ Farrier Services ☐ Web Design ☐ Other: _____

MEDIA / PHOTO CONSENT

☐ I DO
☐ I DO NOT

authorize and give my full consent to MESA to copyright and/or publish any and all photographs, quotes & statements, videotapes and/or film in which I appear while attending any MESA events and activities. I further agree that MESA may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, publications, public displays, commercials, art and advertising purposes, and television programs without limitations or reservations. I acknowledge, understand, and support MESA's plans to compile and publish a book, calendar, or similar materials for MESA to use as advertising and fundraising containing volunteer and rider photographs and quotes each year. These products will be also be used to thank large donors for their support throughout the year.

Signature: _____ Print Name: _____ Date: _____

Participant or Parent/Legal Guardian if under Age 18.



Confidentiality Agreement

As a volunteer of M.ESA, I acknowledge that I may have access to the organization's data, plans, decisions, and/or other confidential information such as financial statistics, employee data, client lists and information or marketing plans. No volunteer may use or release this kind of information to others for their own use, personal profit, or benefit. This applies to the use of confidential information about agencies with which MESA has, or is considering, an association.

You must regard personal information about employees, and other volunteers, as confidential in order to preserve the privacy of your colleagues. Employees and/or volunteers who handle confidential information or who have access to such information, whether physical, electronic, or otherwise, are responsible for the careful use, distribution, and disposal of such information.

Employees and volunteer must also handle and respect client confidential information. Except as permitted by law and company policy, volunteers shall not:

- Disclose personal information about clients to unauthorized persons;
- Disclose client information or the location of clients to any unauthorized persons;
- Tamper with or intrude upon any voice, video, data, or fax transmissions; or
- Allow access to any communication distributed or transmitted by the company.

I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password protected screensaver in order to prevent access by unauthorized users. I will not disclose my personal password(s) to anyone without the express written permission from my supervisor or record or post it in an accessible location and will refrain from performing any tasks using another's password.

Prospective Volunteer Signature

Volunteer Printed Name

Date

Background Check Waiver

By signing this form, I authorize MESA to access and review the state and federal criminal history records and make reasonable efforts to determine whether I have been convicted of, or are under pending indictment for a crime that bears upon my fitness to be employed or volunteer for a position of trust over children, vulnerable adults or persons with disabilities and convey that determination to the qualified entity. MESA shall make reasonable efforts to respond to the inquiry within 15 business days.

I hereby do release MESA all persons, organizations, or government agencies, from any damages of, or resulting from, furnishing such information.

I have been provided with a copy of this form. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief.

Prospective Volunteer Signature:

Formally Used Last Name:

Date: _____

Printed Full Name: _____

DOB: _____

SSN: _____

DL#: _____