



Positively Changing Lives!

## Touchstone Farm Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Preferred Nickname: \_\_\_ DOB: Volunteer Age: \_\_\_\_\_ Height: \_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about volunteering at Touchstone Farm?

\_\_\_\_\_

Why are you interested in volunteering at the farm?

\_\_\_\_\_

***Have you ever been convicted of a crime, including sex-related or sexual abuse related offenses? Please circle one YES or NO***

Tell us about your experience with horses:

\_\_\_\_\_

Tell us a little bit about yourself: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are you interested in volunteering for? Check all that apply:

Assisting with horse lessons\_\_ Farm Events\_\_\_ Grooming\_\_\_ Farm Maintenance\_\_\_ Clerical Work

Please place and "X" below indicating the day(s) and time you are available to volunteer:

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Mornings (9am – 12pm)    \_\_\_\_\_

Early Afternoon (12 – 3pm)    \_\_\_\_\_

Late Afternoon (3pm – 6pm)    \_\_\_\_\_



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## Touchstone Farm Covenant

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\_\_\_\_\_, of \_\_\_\_\_,  
(Participant, Parent of Legal Guardian) (Physical Address)

For myself and for my heir legal representatives, and assigns, in partial consideration of the acceptance of

\_\_\_\_\_ for participation on **the Touchstone Farm Inc., Pony Farm and Horse Power**  
(Participant's Name)

Programs and/or associated activities, and being fully and completely aware and knowledgeable of the assumption of risk of personal injury which I see to make by becoming a member of **the Touchstone Farm Inc., Pony Farm or Horse Power** Program, so, for as long as I remain a member of the Touchstone Farm Inc., Pony Farm or Horse Power Program or use its facilities, equipment and amenities, covenant with the **Touchstone Farm Inc., Pony Farm or Horse Power**, its heirs, legal representatives and assigns, to never institute any suit or action at law or in equity against the **Touchstone Farm Inc., Pony Farm or Horse Power**, by reason of any claim which I now have or may hereinafter acquire relating to personal injuries which may be sustained by me/my child arising from participation in the **Touchstone Farm Inc., Pony Farm or Horse Power** Programs and use of the facilities provided by the "Touchstone Farm Inc., Pony Farm, or Horse Power."

The undersigned acknowledges that there exist inherent risks of personal injury in the sport of riding and driving or handling of horses and the undersigned agrees to assume such risks and hold the **Touchstone Farm Inc., Pony Farm or Horse Power** harmless for any injuries incurred by the undersigned and/or their children while riding, driving or handling horses at Touchstone Farm Inc., Pony Farm or Horse Power.

I expressly reserve all legal remedies arising from tortuous injuries intentional or with malice, and expressly reserve any and all rights, causes of action, claims and demands against any person, firm or corporation other than the **Touchstone Farm Inc., Pony Farm or Horse Power** its owners, heirs, legal representatives, staff and assigns and employees.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_



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### **Background check**

***Due to our ever-changing society, we now are required to conduct a background check. We have many students come here that need your help and we must have a “vetting” process to ensure a safe environment for them.***

***Have you ever been convicted of a crime, including sex-related or sexual abuse related offenses? Please circle one YES or NO (this needs to be answered regardless of age)***

***If you are 18 and older:***

***Please go to this website and submit your information and payment. Touchstone Farm will be receive the report in 3-5 days.***

***<http://touchstonefarms.quickapp.pro/> Click “Volunteer” and proceed with filling it out.***

***The cost is \$10.75.***

***Many Thank***



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## Touchstone Farm Authorization for Emergency Medical Treatment

Participant name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Male Female Participant DOB: \_\_\_\_\_ Participant Age: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

**Known allergies:** \_\_\_\_\_

**Participant/Primary Contact Information** (*participant/primary contact is responsible for all communication, scheduling, and billing*)

Name: \_\_\_\_\_ Preferred Nickname: \_\_\_\_\_

Relationship to participant: Self Parent Guardian Caretaker Other (*specify*): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone (*specify*): \_\_\_\_\_

Email: \_\_\_\_\_ Specify best way to contact you: \_\_\_\_\_

Employer: \_\_\_\_\_ May we contact you at work: Yes No

Work Phone: \_\_\_\_\_ Work Email: \_\_\_\_\_

### In the event of an emergency, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone (*specify*): \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone (*specify*): \_\_\_\_\_

In the event emergency medical aid or treatment is required due to illness or injury during the process of receiving services or while being on the property of **Touchstone Farm Inc.**, I authorize **Touchstone Farm Inc.** to:

1. Secure and retain medical treatment and transport if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan

This authorization includes X-rays, surgery, hospitalization, medications 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: \_\_\_\_\_

(Participant, Parent or Legal Guardian)

**-OR-**

### Non-Consent Plan

I **do not** give consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Participant, Parent or Legal Guardian)



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## Liability Release

(Participant's name) \_\_\_\_\_ would like to participate in the **Pony Farm or Horse Power or Driving Program at Touchstone Farm Inc.** I acknowledge the potential risk of horseback riding, vaulting or driving. However, I feel that the possible benefits to my son, my daughter, my ward or myself are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators waive and release forever all claims for damages against **Touchstone Farm Inc., Pony Farm or Horse Power**, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or employees for any and all injuries and/or losses I, my son, my daughter, my ward may sustain while participating in **Touchstone Farm Inc., Pony Farm or Horse Power.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Parent or Legal Guardian)

## Photo Release

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to and authorize the use and reproduction by **Touchstone Farm Inc., Pony Farm or Horse Power** of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities or for any other use for the benefit of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant, Parent or Legal Guardian)



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Welcome to Touchstone Farm Volunteer Program

***“The best way to find yourself is to lose yourself in the service of others.” - Mahatma Gandhi***

Thank you for inquiring on volunteering at Touchstone Farm. We value all our volunteers as much of our work here depends on the generosity of your time.

Please complete the following forms and set up a meeting with our Volunteer Coordinator. The Volunteer Coordinator will review your packet and invite you to a required volunteer training provided free of charge. In the training session, you will learn basic Horsemanship skills as well as specific training to help in our Therapeutic or Peanut Riding Programs. We do offer an additional Carriage Driving volunteer training after you complete the Basic course.

At any time, you feel that you may need a little more hands on training; we have our Mentor Volunteers that can work one on one with you to improve your confidence working with the horses or students.

We also have from time to time a Volunteer get-together and/ or Appreciation night. We encourage you to come and meet others like yourself that are so important to our work here at the farm.

We do have a Volunteer sign-up fee of \$5.00, which covers Administrative costs.

Once you are here helping, we ask that you notify either the instructor you are working with or Heather Goode the Volunteer Coordinator for any scheduling difficulties in advance.

Many Thanks,

Heather Goode  
Touchstone Farm Volunteer Coordinator  
603-265-7402  
hgoode@touchstone-farm.org