



# TAKE HEART

COUNSELING & EQUINE ASSISTED THERAPY

## Volunteer Agreement

### Contact Information:

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

Date of Birth: \_\_\_\_\_ Gender:  Female  Male Ethnicity (optional): \_\_\_\_\_

Guardian/Parent(s): \_\_\_\_\_ School District if applicable: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Permission to leave a message?  yes  no

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

Permission to leave a message?  yes  no

Calls or e-mail will be discreet, but please indicate any restrictions: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Please indicate your relationship with this person (for example: spouse, friend, etc.)

\_\_\_\_\_

**Required Background check information:**

Please attach your criminal background checks, as well as your child abuse clearances, when you return this form. This is required for anyone 18 years and older. These are free for volunteers to do. If you need help navigating how to fill these out, please email [volunteer@takeheartcounseling.com](mailto:volunteer@takeheartcounseling.com)

Child Abuse Clearance: [www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home)

Criminal Background Check: <https://epatch.pa.gov/home>

You may also attach a resume or any other information you feel is important for Take Heart to have on file.

**Spiritual Information:**

Religious denomination/affiliation (optional):  Protestant  Catholic  Lutheran  Jewish  Islamic  
 Buddhist  Other (Please specify): \_\_\_\_\_

Involvement:  none  some/irregular  Active

How important are spiritual concerns in your life? \_\_\_\_\_

Please indicate which church, synagogue, temple, or religious meeting/gathering are you involved with?

\_\_\_\_\_

Or other similar way you identify yourself and consider important: \_\_\_\_\_

**Please indicate your areas of interest for volunteering at Take Heart?**

walking horses in and out of fields  brushing/grooming horses  horse enrichment

picking feet  braiding manes  dumping feed  fill water buckets

fill hay bags  mucking stalls  dumping wheelbarrow  clean buckets

blanketing  fly spray  tack maintenance  deliver brochures and fliers

event support  fund raising  marketing support  Facility maintenance

gardening/maintaining flowerbeds and pots  Other \_\_\_\_\_

**Equine Experience:**

Please describe your experience with horses, personal and/or professional: \_\_\_\_\_

\_\_\_\_\_

Are you familiar with natural horsemanship training methods? \_\_\_\_\_

Any other education, training, or related experience? \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies (food, insects, plants, medication) that may be affected by an outdoor/barn environment? \_\_\_\_\_

\_\_\_\_\_

Do you have any physical challenges that would prevent you from riding a horse or working safely around one on the ground? \_\_\_\_\_

\_\_\_\_\_

Do you have any fears or apprehensions about working with animals we should be aware of? \_\_\_\_\_

\_\_\_\_\_

**Other Information:**

If there is any additional information that you have not written about somewhere else on this form, that is important for Take Heart to know, please include it here (or on another sheet of paper):

\_\_\_\_\_

**Is it OK to take Photos for Take Heart to use in marketing? \_\_\_yes \_\_\_no**

(website, facebook, instagram, presentations, etc.) Names are kept confidential are not used.

To signify that all of the information you provided is accurate, please sign and date here:

\_\_\_\_\_

\_\_\_\_\_ Parent/Guardian Signature (if applicable):

## Take Heart Information:

Take Heart was named for the following Bible verses, which encourage us to be strong and stay courageous in the face of troubles, and trust in God's promises. The mission and values of Take Heart were formed from Biblical principles for working with people.

- *In this world you will have trouble. But take heart; I have overcome the world. - Jesus (John 16:33)*
- *Be strong and take heart, all you who hope in the Lord. - David (Psalm 31:24)*
- *I remain confident of this: I will see the goodness of the Lord in the land of the living. Wait for the Lord; be strong and take heart and wait for the Lord. - David (Psalm 27:13-14)*

**Take Heart Mission:** Empowering individuals and families to find hope, healing, and wholeness through therapeutic work with horses.

**Take Heart Values:** respect, hope, empowering, wholeness, compassion, quality, peace.

Are you in agreement with the mission and values of Take Heart?

Please sign and date here: \_\_\_\_\_

## Confidentiality Rules and Expectations of Take Heart:

At Take Heart, we provide confidential counseling services for clients with a wide variety of emotional and mental health needs. Due to the outdoor and active nature of our sessions, you may see sessions going on while you are volunteering. Volunteers must agree to protect the confidentiality of clients they see at the farm. This includes, but is not limited to, · Do not listen in on sessions or staring.

- Do not interrupt sessions except in case of emergency.
- If you recognize a client, you must respect their privacy - allow them to greet you if they want to, but do not greet them.
- If you see a client out in public, you must respect their privacy - allow them to greet you if they want to, but do not greet them.
- Do not discuss sessions you see happening or clients you see at the farm with anyone who is not on the Take Heart team. If you have any questions about something, please discuss it with the volunteer coordinator or the counselor of that client.

Any breaches of confidentiality will result in immediate dismissal from the Take Heart team. Confidentiality is something we have to take very seriously and professionally. Additionally, all volunteers (and guardians, if applicable) must read the volunteer handbook.

To signify that you are in agreement with the Confidentiality Rules and Expectations of Take Heart

Please sign and date here: \_\_\_\_\_

## **PROPERTY GUIDELINES**

To maintain the peacefulness of our property named Three Horse Ranch, the confidentiality and safety of each client, and the privacy of the property owners, Take Heart has a few guidelines we ask you to respect while here. Please read carefully and sign below. One copy will be kept in your client file, and you may keep a copy if you wish.

- Upon arrival, please follow the sign for visitor parking and park in the designated area.
- Dress appropriately for your safety depending on your volunteer plans:
  - If you plan to work with the horses: long pants; sturdy, closed-toe shoes or riding boots, gloves, sun protection; no dangling jewelry, scarves, or sleeves.
  - If you plan to walk the trails: Long pants; sturdy, closed-toe shoes or hiking boots.
  - Please do not wear anything that can't get dirty.
  - Please consider the weather as you are going to be outside. Layers are recommended.
  - Thank you for not smoking while on the property. (No exceptions.)
  - Please do not knock on the door of the house unless there is an emergency.

Please do not hesitate to ask if you have any questions or concerns. We are grateful for your help here at this place of hope, healing, and wholeness.

I agree to observe the Property Guidelines and Policies:

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

Signature: \_\_\_\_\_

Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Name Signature: \_\_\_\_\_

## LIABILITY RELEASE AND WAIVER FORM

This document waives important legal rights. Read it carefully before signing.

I understand that equine activities and horseback riding are high-risk activities. I am participating (and/or allowing my children to participate) voluntarily, at my own risk.

I am fully aware and acknowledge that horse sports and equine activities involve inherent dangerous risks of accident, loss, and serious bodily injury including, but not limited to, broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I fully understand that this release covers, but is not limited to, inherent risks of an equine activity which mean a danger or condition that is an integral part of an equine activity, including but not limited to, any of the following:

The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;

The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;

Hazards, including, but not limited to, surface or subsurface conditions;

A collision with another equine, another animal, a person, or an object;

The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to act within the ability of the participant.

I AGREE to release Take Heart Counseling & Equine Assisted Therapy, Take Heart Counselors and Instructors, the property owners (Meagan and Grant Good), and affiliated persons or organizations from all claims including, but not limited to, claims for money or property, disability, covenants, actions, suits, causes or action, obligations, debts, costs, expenses, attorneys' fees, judgments, orders and liabilities of whatsoever kind or nature in law, equity or otherwise, whether now known or unknown, suspected or unsuspected, and whether concealed or hidden, including but not limited to any state or federal statutory or common law claim or remedy of any kind whatsoever arising out of or in any way connected with any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the therapist or therapeutic activity.

I AGREE to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the instructor/therapist or horsemanship/therapeutic activity, and specifically agree to the applicable state statute/law regarding equine/farm animal activity liability. (Continued next page)

I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the instructor/counselor and the horsemanship/therapeutic activity and to hold them harmless with respect

to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse in the horsemanship/therapeutic activity.

I AGREE that neither I, nor anyone claiming through me, will hereafter bring, commence, prosecute or maintain, or cause or permit to be brought, commenced, prosecuted or maintained, any suit or action, either at law or in equity, in any court in the United States or in any state thereof, or elsewhere, against Take Heart Counseling & Equine Assisted Therapy, Take Heart Counselors and Instructors, the property owners (Meagan and Grant Good), and affiliated persons or organizations, for, on account of, arising out of, or in any way connected with any Harm to me or my horse, and that neither I, nor anyone claiming through me, will enforce, prosecute, or recover upon, or attempt to enforce, prosecute, or recover upon, any claim or right of action whatsoever, which I, or any one claiming through me, may now have or hereafter assert, in any way connected with claims for Harm to me or my horse, and for claims made by others for any Harms caused by me or my horse at the horsemanship/therapeutic equine activity.

I AGREE this Agreement is the entire agreement of the parties, and supersedes all prior oral and written understandings and agreements. This Agreement may be modified only by a written amendment signed by both parties.

I AGREE that if any provision of the Agreement is found to be invalid or illegal by a court of competent jurisdiction, the remaining provisions shall be construed as if the affected provision had not been included in order to effectuate the intent of the parties.

In the even this form is signed by the parent/guardian of a child, then all representations and acknowledgments herein are expressly made by, for, and on behalf of the parent/guardian and child.

By signing below, I AGREE to be bound by all applicable rules and all terms and provisions of the horsemanship/therapeutic equine activity. I acknowledge that I enter into this release after having read the same, and place my signature hereto of my own free voluntary act and deed. By signing below, I represent that I fully understand its contents, that I do not need any further explanation, and I waive any further explanation.

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

Participant's Name (print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

If under 18, Parent/Guardian Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_