



**JAMESTOWN NEW HORIZONS  
2012 VOLUNTEER QUESTIONNAIRE**

JNH-V/1c

TODAY'S DATE: \_\_\_\_\_

Name:	Home Phone:
Address:	Cell Phone:
City:	State:                      Zip Code:
E-Mail Address:	
Health Insurance Co.:	
Policy &/or Group Number:	
Occupation and employer:	
Hobbies and other interests:	

*Student fees cover less than 12% of JAMESTOWN NEW HORIZONS' costs of providing lessons to riders with disabilities. Remaining funds are raised through individual, business & civic donations, grants, golf tournament, and dinner auction.*

	Volunteer Training Sessions will be held on February 18, 25 & March 3 (1:00-4:00) PM; May 18 (6:30 - 8:30 PM); August 17 (6:30 - 8:30 PM). I am interested in attending the Training Session to be held on: _____
	I understand that JNH volunteers are required to be in uniform during classes (Shirt with JNH logo and tan slacks, tan jeans or tan shorts)
	I am interested in grooming, tacking, and leading horses. Please specify your horse experience (see below).
	I am interested in being a side-walker.
	I understand that volunteers come once a week, the same time each week, and for a minimum of two hours.
	Swing Fore the Kids Golf Tournament - Friday, September 14 - Crescent Farms Golf Club I wish to play in the Swing Fore the Kids Golf Tournament (\$125/person; dinner/auction included): <input type="checkbox"/> With my own foursome <input type="checkbox"/> Join a foursome
	I'm interested in only attending the dinner/auction to be held after the Swing Fore the Kids Golf Tournament (\$40.00)

*Many of our volunteers have skills and talents that have added greatly to the quality and depth of the JNH program. Please list any talents &/ or past experiences that might be helpful:*

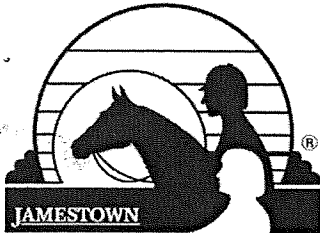
	Horses, specify:
	People with disabilities, specify:
	Business/Office skills - specify:
	Others:

*I would like to volunteer on the following day: (We request you volunteer a minimum of 2 hours per day.)*

<b>SESSION I</b> March 13 - May 31	<input type="checkbox"/> Tues. 5:30 - 8:30 p.m.	<input type="checkbox"/> Wed. 5:30 - 8:30 p.m.	<input type="checkbox"/> Thurs. 5:30 - 8:30 p.m.
<b>SESSION II</b> June 5 - August 23	<input type="checkbox"/> Tues. 5:30 - 8:30 p.m.	<input type="checkbox"/> Wed. 5:30 - 8:30 p.m.	<input type="checkbox"/> Thurs. 5:30 - 8:30 p.m.
<b>SESSION III</b> Sept 11 - Nov 29	<input type="checkbox"/> Tues. 5:30 - 8:30 p.m.	<input type="checkbox"/> Wed. 5:30 - 8:30 p.m.	<input type="checkbox"/> Thurs. 5:30 - 8:30 p.m.

**PLEASE RETURN THIS FORM TO JAMESTOWN NEW HORIZONS**  
15350 Old Jamestown Road, Florissant, MO 63034 (314) 741-5816  
Web Site: [www.jnh-goneriding.org](http://www.jnh-goneriding.org)    E-mail: [jnhgoneriding@charter.net](mailto:jnhgoneriding@charter.net)

*(For the safety of the JNH riders, they are the only children -12 years and under - allowed on the premises.)*



JNH-S/2c & V/2c

# NEW HORIZONS *Helping children with disabilities sit up tall since 1985*

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## LIABILITY RELEASE AGREEMENT

The Jamestown New Horizons Riding Program for the Disabled provides adaptive horseback riding for people with disabilities. Volunteers and horses are carefully selected and trained and safety equipment is required and provided for all riders since horseback riding is a risk exercise. Under Missouri law, an Equine Activity Sponsor or Equine Professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. Although participation in the program is under strict supervision and every effort is made to avoid injury or accident, the undersigned acknowledges the inherent risk involved in riding and working around horses. In order to provide this valuable service, **NO LIABILITY** can be accepted by Jamestown New Horizons, the Jamestown Riding School or any of the organizations or persons connected with the above named program.

No student 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 student or volunteer is of legal age and sound mind, by the student or volunteer.

**IN CONSIDERATION**, for the privilege of riding and/or working around horses at Jamestown New Horizons and the Jamestown Riding School, the undersigned, as self, or as parent(s) or guardian(s) of the undersigned minor, jointly and severally, do hereby agree to forever release, hold harmless and indemnify Jamestown New Horizons and the Jamestown Riding School, individually and collectively, their officers, directors, trustees, agents, employees, representatives, successors and assigns, from all manner of liability, loss, cost, claims, demands and damages of every kind and nature whatsoever, including but not limited to reasonable attorneys fees, which the undersigned or said minor may now or in the future have against Jamestown New Horizons and the Jamestown Riding School, individually and collectively, their 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 Jamestown New Horizons and the Jamestown Riding School, 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 anyway incidental hereto.

**OVER ►**

The undersigned also understands that there are no assurances that a person with disabilities will receive physical or psychological benefits from participation in said program and his/her understanding that the ordinary risks associated with horseback riding are increased by virtue of the disabilities.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Print Names of Signatures \_\_\_\_\_ Relationship to participant \_\_\_\_\_

\* Both parents of child under 18 years of age must sign unless you have sole legal custody or are the sole living parent or legal guardian.

## PHOTO RELEASE

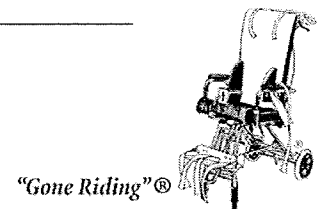
For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Jamestown New Horizons permission to take or have taken, still and moving photographs and films including television pictures of volunteer/participant/parent(s) \_\_\_\_\_ and consents and authorizes Jamestown New Horizons, its advertising agencies, news media and any other persons interested in Jamestown New Horizons, and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, internet media, brochures, pamphlets, instructional materials, books and clinical material.

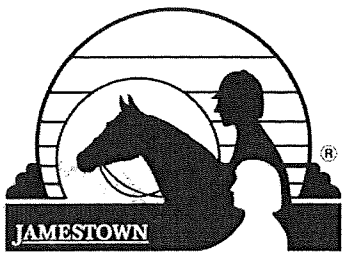
With regard to the foregoing material, no inducements or promises have been made to us/me to secure our/my signature(s) to this release other than the intention of Jamestown New Horizons to use and be used such photographs, films and pictures for the primary purpose of promoting and aiding Jamestown New Horizons and its work.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed \_\_\_\_\_



Partially funded by the Productive Living Board





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## VOLUNTEER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Jamestown New Horizons 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.

Name \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

If 18 years or under – Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_ Phone No (\_\_\_\_) \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

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

Health Insurance Co \_\_\_\_\_ Policy/Group # \_\_\_\_\_

Allergies to medication \_\_\_\_\_

Currently taking medications \_\_\_\_\_

### CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the parent/legal guardian or contact person is unable to be reached.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Consent Signature \_\_\_\_\_

Print Name \_\_\_\_\_

### 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 services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

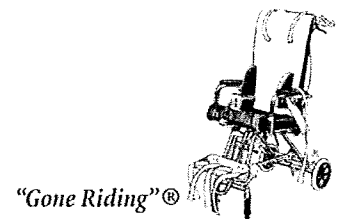
\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Consent Signature \_\_\_\_\_

Print Name \_\_\_\_\_



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## **MISSOURI WARNING**

Under **Missouri law**, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

