



# Kodiak Therapeutic Horseback Riding Program



## Volunteer Information Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Age: \_\_\_\_\_  
If student, name of school: \_\_\_\_\_ City: \_\_\_\_\_  
How did you learn about: \_\_\_\_\_  
Center's Name

Check which areas you are interested in:

### Program Volunteer

- Leading a horse
- Sidewalking with a student
- Stable management

### Competition

- Horse Show
- Away Horse Shows
- Ride-A-Thon
- Special Olympics

### Administration

- Public Relations
- Fund Raising
- Newsletter
- Volunteer Recruitment
- Photography/Video
- Budget and Finance
- Future Planning

## In Case of Emergency

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital and Town: \_\_\_\_\_

In case of emergency, I give permission to \_\_\_\_\_ Center's Name to secure medical treatment including x-ray, surgery, hospitalization and medication.

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

## Photo Release

I consent to and authorize the use and reproduction by (center's name) of any and all photographs and any other audio-visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

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

## Volunteer Liability Release

As a volunteer at (center's name), I acknowledge the risks and potential for risks of a horseback riding program. However, I feel that the possible benefits to myself and the clients I work with 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 (center's name), its board of directors, instructors, therapists, volunteers and/or employees for any and all injuries and/or losses I may sustain while participating in (center's name).

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



# Alaska 4-H Adult Enrollment Form

Club \_\_\_\_\_ Years in 4-H \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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

*Newsletter will be sent to this email address*

Are you a member of the military? If so, which branch? \_\_\_\_\_

Is your spouse a member of the military? If so, which branch? \_\_\_\_\_

<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Projects</b> <b>Years in Project</b> (codes on back) _____ _____ _____ _____ _____ _____
<b>Race</b> <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/ Other Pacific Is. <input type="checkbox"/> White <input type="checkbox"/> More than one race <input type="checkbox"/> Undetermined	<b>Place of residence</b> <input type="checkbox"/> Farm <input type="checkbox"/> Town under 10,000 and rural non-farm <input type="checkbox"/> Town or city (10,000-50,000) and its suburbs <input type="checkbox"/> Suburb of city over 50,000 <input type="checkbox"/> Central city over 50,000	

**Media Release:** I give the National 4-H Council, University of Alaska Fairbanks, 4-H Cooperative Extension Service, USDA/NIFA, 4-H clubs and programs, its nominees, agents and assigns unlimited permissions to copyright and use, publish and republish for purposes of advertising, public relations, trade or any other lawful use, information about me and reproduction of my likeness (photographic or otherwise) and my voice, whether or not related to any affiliation with 4-H, with or without my name. I hereby waive any right that I may have to inspect or approve the copy and/or finished product or products that may be used in connection therewith or the use to which it may be applied.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_



**For office use**

Date rec'd \_\_\_\_\_ Tender \_\_\_\_\_ Amount \_\_\_\_\_ Member card \_\_\_\_\_

Background check current? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of leader: \_\_\_\_\_ Project \_\_\_\_\_ Organizational \_\_\_\_\_ Resource \_\_\_\_\_ Activity \_\_\_\_\_



## Emergency & Medical / Health Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Physical address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Relatives or friends to act in my behalf, in case of emergency, if I cannot be reached:**

<i>Emergency Contact Name</i>	<i>Emergency Contact Name</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Alternate Phone</i>	<i>Alternate Phone</i>
<i>Address</i>	<i>Address</i>

✿ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Under doctor's care now? \_\_\_\_\_ If yes, please explain on back.

Prescribed medicine \_\_\_\_\_

**(All meds must be turned in to chaperone or camp nurse.)**

**Note:** If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

✿ Allergies to medications/foods/insects/other? \_\_\_\_\_ List \_\_\_\_\_

**Health History:** Is youth subject to: Indicate YES or NO

<input checked="" type="checkbox"/> <del>Hernia</del>	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Nervous Disorders	<input type="checkbox"/> Asthma
<input checked="" type="checkbox"/> <del>Frequent Colds</del>	<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Ear/Sinus
<input checked="" type="checkbox"/> <del>Allergies</del>	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Drug Sensitivity	<input type="checkbox"/> Enuresis (bed wetting)
<input checked="" type="checkbox"/> <del>Epilepsy</del>	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Diabetes (take insulin?)	
<input checked="" type="checkbox"/> <del>Food Allergies</del>	<input type="checkbox"/> Bleeding/clotting disorders		

N/A

If YES on any of the above, please explain \_\_\_\_\_

**Has the youth had:**

<input checked="" type="checkbox"/> <del>Polomyelitis</del>	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Rheumatic Fever
<input checked="" type="checkbox"/> <del>Appendicitis Attack</del>	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input checked="" type="checkbox"/> <del>Chicken Pox</del>	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Scarlet Fever

N/A

Is the youth pregnant? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Identify any physical/emotional problems that would prevent full participation in the program. \_\_\_\_\_

**Emergency Authorization:** I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

Signature of ~~parent/guardian~~  
volunteer

Date

Leaders should keep a copy of this form to have available when they are with club members.



Alaska 4-H Volunteer Service Application and Agreement

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Emergency Contact Information: Name \_\_\_\_\_

Phone \_\_\_\_\_

Cooperative Extension Service will not distribute your personal information to business entities or to the general public. A 4-H Leader Directory will only be distributed to other 4-H Leaders.

What brings you to an interest in sharing your time with 4-H? \_\_\_\_\_

Were you a 4-H member? \_\_\_\_\_ If so, where? \_\_\_\_\_

Have you volunteered with 4-H before? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you prefer to work directly with \_\_\_ youth \_\_\_ adults \_\_\_ both How did you hear about 4-H? \_\_\_\_\_

Tell us about:

Previous involvement with 4-H or other organizations/activities: \_\_\_\_\_

Skills, training, education: \_\_\_\_\_

Hobbies or interests: \_\_\_\_\_

What type(s) of volunteer efforts are you interested in? (See accompanying descriptions)

Organizational Leader \_\_\_\_\_ Project Leader \_\_\_\_\_ Activity Leader \_\_\_\_\_ Resource Volunteer \_\_\_\_\_

Other Roles \_\_\_\_\_ Projects you'd like to help with \_\_\_\_\_

Age of youth you would enjoy working with: Youth grades K-2 \_\_\_\_\_ 3-5 \_\_\_\_\_ 6-8 \_\_\_\_\_ 9-12 \_\_\_\_\_

Do you have a club with which you wish to work? Yes \_\_\_\_\_ No \_\_\_\_\_

Is it a(n) \_\_\_\_\_ new club or \_\_\_\_\_ existing club? What is the club name? \_\_\_\_\_

Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to transport youth to and from events? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have auto insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

IF YOU: Have no direct contact with youth, vulnerable older citizens or persons with physical/mental limitations and are volunteering on a one-time-only basis, or serving in the same role once per year, (examples may include committee/council/board member, judge, one-time presenter at club meeting or a person under supervision while setting up/cleaning up an event), you may stop here and submit your application.

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

4-H Volunteers

"To Make the Best Better"



# Alaska 4-H Volunteer Service Application and Agreement

**IF YOU:** Have direct contact with youth, vulnerable older citizens or persons with physical/mental limitations (examples may include club/project leader, coach, chaperone, camp counselor), please continue with application process

**Additional information:**

**Please Circle**

1. Are there any facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people? Yes    No

Examples include, but are not limited to, convictions for driving while intoxicated or repeated other driving offenses, assaults, sexual assaults, sexual abuse, child neglect or abuse, unlawful exploitation of a minor, indecent exposure in any degree, endangering the welfare of a minor in any degree, contributing to the delinquency of a minor, or any drug convictions.  
**(If yes, explain below)**

An arrest or conviction record will not necessarily disqualify an applicant. A criminal record will be considered as it relates to specific responsibilities of the volunteer role.

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**References:**

Please list those who are familiar with your character as it relates to working with youth. List only those who are not family members or relatives through marriage. References will be checked.

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I authorize contact of the references listed and understand that information from these references or others contacted is confidential. I waive my right to review this information. I understand that falsification or omission of facts requested is cause for nonappointment or dismissal as a volunteer. I further understand that until the application process is complete, I may be denied access to youth activities.

I realize that I must participate in and complete required new leader training, AND until this application is approved by the district 4-H agent/Cooperative Extension Service:

- I am not authorized to lead a 4-H group.
- I am not authorized to use the 4-H name or emblem.
- I am not covered by 4-H leader's liability insurance.

I understand the omission or misrepresentation of information requested may result in nonappointment or dismissal as a 4-H volunteer. I also understand that UAF Extension may contact other individuals as needed to verify my fitness and experience in working with youth. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith.

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



## Alaska 4-H Volunteer Service Application and Agreement

**4-H leader positions are evaluated yearly. A new application and agreement form will be submitted every three years for review and renewal if the applicant wishes to continue as a volunteer. Please read the following and acknowledge your agreement by signing.**

If accepted as a volunteer with the Alaska 4-H program, I agree to:

1. Assist young people, their families and other volunteers to become productive and self-directed by developing their practical skills and knowledge.
2. Work cooperatively with the District 4-H and Youth Development Agent and other Cooperative Extension Service faculty/staff to develop and maintain a 4-H program that will best serve the needs of youth in the area.
3. Represent the Cooperative Extension Service and the 4-H program in a wholesome manner establishing a positive atmosphere in my community.
4. Participate in and complete required new leader training within one year.
5. Recognize that leaders are involved in the district 4-H decisions but that CES has final authority on decisions affecting the overall 4-H program.
6. Verify my application information at least every three years.
7. Participate in a background check at my own expense whether it is obtained through a UAF contracted entity or self-initiated with the Alaska State Troopers and the FBI.
8. Serve at the request of the UAF CES. I understand that request could be withdrawn for any reason or no reason at any time.
9. Be courteous and respect the individual rights of all participants.
10. Be a positive role model at all times, and exhibit good sportsmanship.
11. Understand the responsibility of transporting youth in my vehicle, by having a current driver's license, carrying proof of automobile liability insurance, driving safely, obeying laws, and ensuring that every passenger wears a seat belt.
12. Strive for a minimum of two adults at any activity involving 4-H youth. An adult should not be left alone with one child unless the leader is the parent or guardian of that child.
13. Handle fundraising and finances in an ethical manner.
14. Not leave youth under my supervision, without notifying another adult in charge of the event or delegation.
15. Not use or be under the influence of alcohol, tobacco, or illegal drugs while present at youth programs or while having responsibilities at Extension programs.
16. Not threaten or abuse any participant by verbal, physical, sexual or emotional means. And, if I observe abuse I will report it to the Extension staff.

***I have read and understand the Adult Agreement. I understand and agree that any action on my part that contradicts any portion of these expectations may be grounds for the suspension or termination of my role with UAF Extension 4-H or my removal from the program activity. I understand that being involved with youth participants in Extension programs is a privilege, not a right.***

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

**For Office Use Only:**

Based on the information provided above, information received from references and/or past experiences, the following action is taken:

\_\_\_\_\_ Applicant is approved as a 4-H volunteer      \_\_\_\_\_ Applicant is not approved as a 4-H volunteer

\_\_\_\_\_  
Signature of 4-H Youth Development Agent

\_\_\_\_\_  
Date

**4-H Volunteers**

**"To Make the Best Better"**



# Alaska 4-H Volunteer Service Application and Agreement

## Alaska 4-H Volunteer Service Background Check Form

Information about the federal privacy and data security laws such as the Fair Credit Reporting Act and the Gramm-Leach-Bliley Act are available at [www.ftc.gov](http://www.ftc.gov) or by calling 1-877-382-4357.

For District Office Use Only

District Name: \_\_\_\_\_

**PROOF OF PAYMENT:**

UAF Receipt No.: \_\_\_\_\_

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

Notes: \_\_\_\_\_

- I consent to the electronic background check through First Advantage, a UAF contracted service, which will conduct the local, state and national review at a cost of \$6.50 to me. In order to facilitate this process, the following information is provided:

Printed Name \_\_\_\_\_  
(First) (Middle) (Last)

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (XX/XX/XXXX) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

- The report will be destroyed/erased so that the information cannot be read or reconstructed in accord with the Disposal Rule of the Federal Trade Commission (FTC).
- If there is information reported which negatively impacts your application to be a 4-H volunteer, you will be informed of the information, provided a copy of the report, and your rights to dispute any information with First Advantage. You will also be provided a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act" as prescribed by the FTC.

- I do not consent to a background check through First Advantage and elect to:

- Obtain A Person of Interest (APSN) statewide review from the Alaska State Troopers at an approximate cost of \$20, AND
- Obtain a FBI National Crime Information Center (NCIC) review at the cost of \$18.

To obtain a FBI NCIC report:

Mail a signed letter requesting the national review including your name, date of birth, place of birth, copy of a government form of identification, return address, a complete set of fingerprints and a certified check or money order in the amount of \$18 (no personal checks accepted) to the CJIS at the following address and allow 4-6 weeks for processing:

Department of Justice  
Federal Bureau of Investigation  
Criminal Justice Information Services (CJIS)  
Division 1000 Custer Hollow Road  
Clarksburg, West Virginia 26306

Fingerprints can be obtained through local businesses at an approximate cost of \$20 and 10 minutes time. Fingerprints cannot be obtained directly from law enforcement agencies.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

*University of Alaska Fairbanks Cooperative Extension Service will not distribute your personal information.*

For office use only:

Applicant is: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ as a Volunteer Leader.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Date



**4-H Volunteers**

**"To Make the Best Better"**