



54151 County Road 33, Middlebury IN 46540
574-825-5666 Fax: 574-825-8117
Email: jonkk@lovewayinc.org

Received by _____ Date _____
Trained on _____
Started _____
DP _____ CC _____ ML _____

Today's Date _____

VOLUNTEER APPLICATION

Name _____ Birth Date (mm/dd/yy) _____

Cell Phone _____ Home Phone _____

E-mail _____ T-Shirt Size: S M L XL XXL

Address _____ City _____ State _____ Zip _____

Employer _____ Occupation _____

If you are a student, school name _____

May we call you at work? Yes No If yes, work phone _____

Preferred method(s) of communication: Cell call Text E-mail Home Work

Availability: Daytime M T W R F Evenings M T W R Saturday mornings

Fall Spring Summer

Areas of interest: Classes Camps Maintenance/Grounds Horses Office Fundraising

Technology Special Events Other _____

Community Affiliations (civic clubs, service organizations, etc.) _____

Describe your horse experience _____

Describe your experience with people with special needs _____

List any special skills/talents/certifications _____

Have you ever been arrested or convicted of a crime other than a minor traffic offense? Yes No

If yes, explain _____

Languages spoken other than English _____

How did you hear about LoveWay? Friend/Family member <input type="checkbox"/> Internet search <input type="checkbox"/> Volunteering website <input type="checkbox"/> Facebook <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other _____

Allergies _____

Medications _____

Describe any physical/health limitations _____

****Please continue and complete the next side****

Authorization for Emergency Medical Treatment

Emergency Contact _____ Relationship _____ Phone _____

Physician _____ Phone _____

Preferred Hospital: Goshen Health Hospital Elkhart General Hospital

In case of an emergency, **I consent** <or> **I do not consent** for LoveWay to secure medical treatment including x-rays, surgery, hospitalization, transportation and medication as recommended by the attending emergency medical personnel.

Signature _____ **Date** _____

Must be Parent/Legal Guardian signature if under 18 years of age

Confidentiality Policy

LoveWay, Inc. staff and volunteers will protect the rights and confidentiality of all participants. Medical and personal information regarding participants will be shared with volunteers only for the purpose of providing safe and effective services. No information regarding a participant is to be shared with others outside of the therapeutic environment at LoveWay, Inc. Discovery of such disclosure may result in the termination of said volunteer. I hereby agree to abide by the above stated confidentiality policy.

Photo & Media Release

I Consent **OR I Do Not Consent** to the use of any and all promotional, educational, or program photos, videos, or other audio-visual materials of myself while participating at the facility or engaged in an authorized LoveWay activity for promotional material, educational activities, exhibitions, website, or any other use for the benefit of the program.

Signature _____ **Date** _____

Must be Parent/Legal Guardian signature if under 18 years of age

Waiver Agreement & Liability Release

My signature below denotes that I agree to all the following as a condition for myself/child/family as it pertains to LoveWay, Inc. (hereafter referred to as the "Center") as a condition for participation in activities at/on/near the Center's premises and property or associated with any Center activity including but not limited to equine-assisted activities, trail riding, arena instruction, barn & pasture activities, demonstrations and public events. **Under Indiana 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.** As the legal representative of the participant (myself/child/family) I acknowledge the risks and potential for risks of equine related activities. I understand not all risks can be foreseen nor prevented. I understand these risks and assume responsibility for them. **I hereby, intending to be legally bound for myself/child/family, heirs and assigns, executors or administrators, waive and release forever all claims for damages (present or future) against LoveWay, Inc., its Board of Directors, Executive Director, Instructors, Staff, Therapists, Volunteers and/or other authorized persons for any and all injuries/losses sustained while participating or visiting at LoveWay, Inc.** As consideration for the Center to allow myself/child/spouse/family members to engage in Center related activities, I agree to assume full responsibility for any and all bodily injuries, losses, or damages, which I or they might sustain.

It is mutually understood and agreed that the waiver and liability release set forth in this document constitutes a waiver of liability beyond the provisions of the Indiana Equine Activity Liability Act. I further agree to indemnify and hold harmless the Center or persons/entities associated with the Center and to not bring any claim or suit against them on the basis of any exception to the IN Equine Act. Should I breach any part of this waiver/liability release, I agree to pay all the Center's attorney's fees or other legal costs that may occur.

I attest that I am at least 18 years of age, of sound mind, not suffering from shock or under the influence of alcohol, drugs or intoxicants. I have read this ENTIRE waiver and application and fully understand it. I intend for this waiver, agreement and liability release to be valid and binding today and at ALL FUTURE TIMES. I attest that all the information I have provided in this application/medical history is true and accurate. My signature denotes agreement with ALL the information on both sides of this form.

Your signature denotes agreement to abide by the above policies and information.

Signature _____ **Date** _____

Must be Parent/Legal Guardian signature if under 18 years of age

Please return this completed form to the LoveWay office

Application	Date _____	Initials _____	Date _____	Initials _____
Renewals:	Date _____	Initials _____	Date _____	Initials _____