



Legacy Farm
 7388 Lakeview Drive
 Eau Claire, WI 54701
 715-834-7280

Volunteer Form

Name: _____

Address: _____

Phone Number: _____

Driver's License Number: _____ State: _____

If under 18, the following information must be filled in:

Parent/Legal Guardian Name: _____

Address (if different than above): _____

Phone Number: _____

How did you learn about Legacy Farm? _____

Please mark the following areas that you are interested in being a part of:

Program Volunteer	Fundraising	Events	Administration
<input type="checkbox"/> Leading A Horse <input type="checkbox"/> Sidewalking <input type="checkbox"/> With A Patient <input type="checkbox"/> Kitchen Duties <input type="checkbox"/> Stable <input type="checkbox"/> Management <input type="checkbox"/> Overnight <input type="checkbox"/> Camping <input type="checkbox"/> Tour Leader <input type="checkbox"/> Equipment <input type="checkbox"/> Handling <input type="checkbox"/> Facility Repairs <input type="checkbox"/> Pontoon <input type="checkbox"/> Operator <input type="checkbox"/> Facility <input type="checkbox"/> Clean-Up <input type="checkbox"/> Golf Cart Driver <input type="checkbox"/> Trailer Driver <input type="checkbox"/> Carriage <input type="checkbox"/> Operator <input type="checkbox"/> Grounds <input type="checkbox"/> Maintenance	<input type="checkbox"/> Trail Ride <input type="checkbox"/> Golf <input type="checkbox"/> Raffle <input type="checkbox"/> Donations	<input type="checkbox"/> Open House <input type="checkbox"/> By Invitation <input type="checkbox"/> Only <input type="checkbox"/> Therapeutic <input type="checkbox"/> Riding	<input type="checkbox"/> Public Relations <input type="checkbox"/> Newsletter <input type="checkbox"/> Event <input type="checkbox"/> Registration <input type="checkbox"/> Volunteer <input type="checkbox"/> Recruitment <input type="checkbox"/> Photography/ <input type="checkbox"/> Video <input type="checkbox"/> Budget/Finance <input type="checkbox"/> Future Planning <input type="checkbox"/> Grant Writing

Please fill in the boxes in which you would be available:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Do you have any other skills or training that would be beneficial?

If so, please explain _____

Do you have any experience working with physically/emotionally challenged individuals?

If so, please explain _____

Do you have any physical limitations?

If so, please explain _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic setting. Address any fitness, cardiac, respiratory, bone/joint function, recent hospitalizations/surgeries that may limit your activities.

Allergies: _____

Medications: _____

Recent Medical Information:

Last Tetanus Shot Date: _____

Tuberculosis Test Results and Date: _____

Please consult your physician or local health department if you are not up to date with these shots/tests.

Can you walk for 60 minutes at a time and jog for short distances? _____

Have you ever been charged with or convicted of a crime: _____

If so, please explain _____



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Thank you for considering Legacy Farm for your volunteer time!

I, _____, authorize Legacy Farm to receive information from any law enforcement agency, including police departments and sheriff's departments, of this state or any other state and federal government, to the extent permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including, but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize Legacy Farm, its owner, employees, or other volunteers to disseminate this information in any way to any other individual, group, agency, organization, or corporation.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Volunteer Photo Consent

I hereby give Legacy Farm the right to photograph, televise, film, video tape, and/or sound record the acts, appearances and utterances of, and to use any descriptive words or names, including the name of in connection therewith and without limit as to time, to produce and reproduce the same or any part thereof by any method and to use said photographs, films, video tapes, and/or sound recordings for any purpose which Legacy Farm deems proper in the interest of newspapers, television media, brochures, pamphlets, instructional material, medical education, knowledge and/or material, medical education, knowledge and/or research. All such photographs, films, and/or sound recordings shall be the exclusive property of Legacy Farm and I hereby relinquish all right, title, and interest therein. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Legacy Farm to use or cause to be used such photographs, films, and pictures for the primary purpose of promoting and aiding Legacy Farm and it's work.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Property Damage Release

I, _____, understand that if my child or heirs causes harm to Legacy Farm or property of Legacy Farm, I will be held responsible for the damage costs.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Volunteer Liability Release

As a volunteer at Legacy Farm, I acknowledge the risks and potential for risks of a horseback riding program. However, I feel 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 Legacy Farm, it's owner, instructors, aids, volunteers, and/or employees for any and all injuries and/or losses I may sustain while participating in activities at Legacy Farm.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Statement of Confidentiality

I understand that all information, both written and verbal, regarding clients at Legacy Farms and its programs and confidential business matters shall be held in strict confidence at all times except as needed within the facility for therapy and/or business purposes. I understand that a breach of confidentiality is grounds for dismissal and may also result in legal prosecution.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Volunteer Medical Treatment Form

Volunteer Name: _____

Volunteer Address: _____

Volunteer Phone Number: _____

In case of an emergency, contact:

Name: _____

Address: _____

Phone Number: _____

Physician: _____

Hospital: _____ Town: _____

Phone Number: _____

Preferred Medical Facility: _____

Health Insurance Company: _____

Policy Number: _____



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Consent Plan

In the event that emergency medical aid/treatment is required due to an illness or injury during the process of volunteering services, or while being on the property of the agency, I authorize Legacy Farm to secure and retain medical treatment and transportation if needed.

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee



Legacy Farm
7388 Lakeview Drive
Eau Claire, WI 54701
715-834-7280

Non-Consent Plan

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

X

Volunteer Signature

Printed Name of Signee

X

If under 18, Parent/Guardian Signature

Printed Name of Parent/Guardian Signee