

# VOLUNTEER WITH US



332 Stable Lane Wentzville MO 63385 Phone (636) 332-4940 Fax (636) 332-4941 WWW.THSTL.ORG

Dear Prospective Volunteer,

Thank you for your interest in the Volunteer Program at TREE House of Greater St. Louis. We are one of the nation's oldest and most respected therapeutic riding programs. Founded in 1975 under the name Therapeutic Horsemanship, TH provides award-winning equestrian therapy programs for people with disabilities. TREE House of Greater St. Louis is a 501(c)(3) non-for-profit organization and is nationally accredited by the Professional Association of Therapeutic Horsemanship, Int'l (PATH, Int'l).

Our volunteer program is an ongoing effort to meet the needs of our clients enrolled in therapeutic riding. Within the program, we have 2 levels of skill: side-walkers and leaders. Each level builds on the previous one. We will train you! No previous horse experience is necessary. Our volunteers also help out in the office, around the barn, and in the garden.

Our entry-level volunteer position is a Sidewalker. This volunteer walks along the side of the horse and provides safety and stability to the riders as they work toward their therapeutic goals. We require a minimum of a 2-3 hour time commitment on the same day each week. This is very different from most volunteer programs, where the volunteer is not necessarily tied down to a specific day and time. Here, if a volunteer does not show up...the client does not ride. Therefore, we require and greatly appreciate as much advance notice for any volunteer absence that may occur and truly appreciate that it doesn't happen often. Our minimum age for volunteering is 14...needless to say, it becomes a family commitment to make sure a volunteer who doesn't drive can follow through on his/her commitment to TH. Is this something you think you can do? Please let me know if you have any questions.

Your next step is to complete the Background Check process. Click here to go to the Family Care Safety Registry website: <https://healthapps.dhss.mo.gov/BSEES>. You may register online for a minimal cost. Next, you will need to fill out a TH application and either mail it or bring it with you when you come for training. I have attached the application packet for your convenience. Be sure to include your e-mail address on the application. We hold required Orientation and Sidewalker training sessions on various days. Please call me at 636-332-4940 ext 211 to reserve your spot. Dress code is for a barn environment...shoes that cover your feet (no sandals!) and no short shorts! **Right now, MASKS are a must!**

I will eventually need to know what day and time you can volunteer on a regular basis. Below are the days on which we traditionally offer therapy classes:

## JANUARY-DECEMBER:

Monday, Tuesday, Wednesday, Thursday, Saturday: hours vary from morning until 8:00pm

Again, thank you for your interest in TREE House of Greater St. Louis. We are always in need of volunteers!

Sincerely,

*Kathy Castellitto*

Volunteer and Outreach Manager

TREE House of Greater St. Louis

[volunteer@thstl.org](mailto:volunteer@thstl.org)



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# Volunteer Application

## Personal Information

Ms.  Dr.

Mr.  Mrs.  First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

*(Use the exact name with which you registered at the Family Care Safety Registry for the background check.)*

Current Age: \_\_\_\_\_ (Must be at least 14 years old)

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

Social Security # \_\_\_\_\_

*(Your SS# is required in order to run the mandatory Child Abuse/Neglect and Criminal Background Check.)*

Veteran: Military Branch \_\_\_\_\_

Have you ever been convicted of a felony or other crime?  Yes  No If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

## Employment Information

Employer's Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Street \_\_\_\_\_ Suite # \_\_\_\_\_

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

## Mailing Address

Home  Work  School  Other

Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Is anyone at this address already a volunteer here? Yes  No

If yes, what is his/her name? \_\_\_\_\_ What is his/her relationship to you? \_\_\_\_\_

## Home Address (if different from above)

Street \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Contact Information:

**Be sure that your contact information is legible!**

Preferred Phone:  Home  Mobile  Work

Home Phone: \_\_\_\_\_ Mobile/Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

# About You...

Nick Name: \_\_\_\_\_

*This name will appear on your nametag!*

Please record the time under the day(s) on which you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME AVAILABLE:	TIME AVAILABLE:	TIME AVAILABLE:	TIME AVAILABLE:	TIME AVAILABLE:	TIME AVAILABLE:	TIME AVAILABLE:

How did you hear about TREE House of Greater St. Louis? \_\_\_\_\_

Do you have experience with horses? Yes  No  Please explain: \_\_\_\_\_

Do you have experience with people with disabilities? Yes  No  Please explain: \_\_\_\_\_

In which areas of our programs would you like to volunteer? (Please circle all that apply.)

**YEAR-ROUND:** Administration Facility/Grounds Care Horse Handler Outreach Barn Work  
Fundraising Leader SideWalker

**SEASONAL:** Camp Volunteer (June and July only)

Employed  Part-time  Full-time  Retired  Student  Other

My employer offers a time-off program for volunteers.

My employer offers a donation matching program.

What are your skills and interests? \_\_\_\_\_

Highest level of Education *completed*:  High School  Tech School  College  Graduate School

Names of Schools: \_\_\_\_\_

What school do you currently attend, if any? \_\_\_\_\_ If your school has a volunteer program, what is the contact information of the person in charge? \_\_\_\_\_

Do you have previous volunteer experience? Yes  No

If yes, where? \_\_\_\_\_ For how long? \_\_\_\_\_

Do you have training in CPR or First Aid? Yes  No  If yes, please bring a copy of your card(s).

Have you volunteered with us before? Yes  No  If so, when and where? \_\_\_\_\_

Why do you want to become a TREE House volunteer? \_\_\_\_\_

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release TREE House from any liability whatsoever for supplying such information. I understand that I will not be paid for my services as a volunteer.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 years old.)



**Volunteer Release and Indemnification Agreement**

I acknowledge and understand the inherent risks of equine activities and that horsemanship experiences can result in injury and even death. In consideration for being accepted into the TREE House of Greater St. Louis (hereinafter “TH”) volunteer program and for the benefits I receive from participating in the program, I, (please print) \_\_\_\_\_, hereby consent to assume the risks of my volunteer participation in the horsemanship programs sponsored by TH.

Accordingly, I hereby, intending to be legally bound, for myself, my heirs and assigns, executors, or administrators, waive and forever release, acquit, discharge and hold harmless TH, the owners of the facilities and properties on which TH conducts its horsemanship programs, including but not limited to the Rocking R Ranch and Wentzville Stables, and the officers, directors, agents, employees, representatives, therapists, instructors, and volunteers of TH and the facilities and properties on which TH conducts its horsemanship programs, and any other persons associated with TH’s horsemanship program, and the successors and assigns of each of them, from all manner of claims, demands, and damages of every kind and nature whatsoever I may now or in the future have against these parties on account of any losses or personal injuries, physical or mental condition, known or unknown to myself, and the treatment thereof, as a result of, or in any way connected with TH’s horsemanship programs, or growing out of acts of omission or caused by negligence or in any way incidental to TH’s horsemanship programs.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

**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.

**I understand that TREE House of Greater St. Louis needs to know whether or not I have been vaccinated against COVID-19 for scheduling purposes because many of TH clients are not eligible to receive the vaccine.**

**I have received the COVID-19 vaccination:**     YES     NO

**or    I plan to receive the COVID-19 vaccination:**     YES     NO



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### Photo Release

In consideration for being accepted into the TREE House (hereinafter "TH") volunteer program and for the valuable personal benefits I receive from participating in the program and promoting the program, I, (please print) \_\_\_\_\_, hereby **AUTHORIZE** TREE House of Greater St. Louis, its advertising agencies, or the news media to have photographs, films, or other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the TREE House of Greater St. Louis program. I hereby indemnify and hold TREE House of Greater St. Louis harmless against any and all claims of damages arising out of the use of any such photographs or films of me or audio-visual materials containing my image.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

~~~OR~~~

I, (please print) \_\_\_\_\_, hereby **DO NOT AUTHORIZE** TREE House of Greater St. Louis, its advertising agencies, or the news media to have photographs, films, or other audio-visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of the TREE House of Greater St. Louis program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(The Legal Guardian of the Applicant must sign if the Applicant is less than 18 yrs old.)

### WARNING

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**FOCUSING ON ABILITIES SINCE 1975**



## Volunteer Pledge and Commitment

I understand as a volunteer I am agreeing to help and support TREE House of Greater St. Louis (TH) and their needs, whatever they may be.

I understand that a student's right to privacy and a parent's right to privacy must be respected. Therefore I understand I am to hold such information in confidence and not to divulge the information to any person.

I have filled out the background check form and understand that I may be asked to refrain from volunteering at TH if the check comes back with any questionable information.

I will honor my schedule and commitment. I will be an appropriate model for my clients in my dress, language, and behavior. I will abide by the smoking policy and refrain from discussing my concerns with those who are not directly involved with the situation. I understand I am to bring any concerns to the Volunteer and Outreach Manager.

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

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

Phone Number: \_\_\_\_\_

\*As a parent or legal guardian, I understand the commitment that the above volunteer is making to TREE House of Greater St. Louis and will support that volunteer's efforts to be a contributing partner in helping TH achieve its mission.

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

\*Legal Guardian's Signature: \_\_\_\_\_

(If applicant is under the age of 18)



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**Authorization for Emergency Medical Treatment Form**

Participant  Staff  Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Physician's Name: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize TREE House of Greater St. Louis to (Operating Center's Name)

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.

Do you have any medical conditions you wish us to be aware of for safety reasons? (Please note this form is accessible to TREE House staff and volunteers.)

\_\_\_\_\_  
\_\_\_\_\_

**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 person(s) above is unable to be reached.

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

Client, Parent or Legal Guardian

**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: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian



**TREE HOUSE OF GREATER ST. LOUIS**  
**COVID-19 ACKNOWLEDGEMENT OF RISK AND ACCEPTANCE OF SERVICES**

I am aware of the risks of contracting or spreading the novel Coronavirus/COVID-19 while working or volunteering at TREE House of Greater St. Louis, attending an event, and/or receiving face-to-face services from TREE House of Greater St. Louis during the time of a pandemic outbreak, and/or Missouri Governor's, or St. Charles County's declaration of a "stay-at-home" order(s), and all applicable public health guidelines and advisories issued by the Centers for Disease Control and Prevention (CDC), State of Missouri, and/or local county and city authorities. I am aware that COVID-19 has been declared a worldwide pandemic by the World Health Organization and that COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to be spread from person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms and therefore spread the disease. The exact methods of spread and contraction are unknown, and there is no known treatment, cure, or vaccine for COVID-19. Evidence has shown that COVID-19 can cause serious and potentially life threatening illness and even death.

I know TREE House of Greater St. Louis cannot prevent me or my family from becoming exposed to, contracting, or spreading COVID-19 while utilizing TREE House of Greater St. Louis's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if I choose to utilize TREE House of Greater St. Louis's services and/or enter onto TREE House of Greater St. Louis's premises I may be exposing myself to and/or increasing my risk of contracting or spreading COVID-19.

I am aware that face-to-face services and experiences increase my risk of contracting and passing on COVID-19 and agree to hold harmless TREE House of Greater St. Louis and its members, officers, managers, agents, employees, volunteers, and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event, and/or volunteering within this organization. I am aware of the option that may be available for remote services, including telephonic and video telehealth, as allowed by insurances and State Licensing Board recommendations, during this pandemic outbreak.

I agree to and will follow all applicable guidelines for personal hygiene, personal safety and public safety as recommended by TREE House of Greater St. Louis, Centers for Disease Control and Prevention (CDC), State of Missouri, and local county and city authorities, as well as my individual medical provider/practitioner. This may include, but is not limited to, waiting in my vehicle until I am asked to enter the building, maintaining social distance of six feet, washing my hands for no less than 20 seconds prior to and following each session or activity, use of hand sanitizer, wiping down surfaces with disinfecting wipes/spray, and/or wearing a protective medical mask and gloves.

I agree to stay home and/or cancel my services should I have personally exhibited or have been in contact with someone who has presented with illness within the previous 2 weeks or any longer period of time as recommended by public health authorities and/or my individual medical provider/practitioner, including, but not limited to: cough, sneezing, fever, chest congestion, immediate loss of taste, or additional signs of potential spread of any virus or bacteria/disease as periodically updated by the CDC. In addition, I will follow the recommendations of my medical provider/practitioner once I have notified them of these risks in regards to my future services or attendance during this pandemic.

**I have read and understood the above warning concerning COVID-19.** I hereby choose to accept the risk of contracting COVID-19 for myself and/or my children in order to utilize TREE House of Greater St. Louis's services, support TREE House of Greater St. Louis's services, and/or enter TREE House of Greater St. Louis's premises. These services are of such value to me and/or to my family, that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to utilize TREE House of Greater St. Louis's services, support TREE House of Greater St. Louis's services, and/or enter premises in person.

**I hereby forever release and waive my right to bring suit against TREE House of Greater St. Louis and its owners, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing TREE House of Greater St. Louis's services, supporting TREE House of Greater St. Louis's services, and/or entering TREE House of Greater St. Louis's premises.** I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.

I am signing under my own free will and agree to follow all applicable guidelines for the health and safety of myself and/or my children and hold harmless all individuals associated with or through my services acquired from TREE House of Greater St. Louis.

I understand and agree that the law of the State of Missouri will apply to this contract.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:

**\*In the event that the undersigned is under the age of 18, the signature of a parent or guardian is required.**

SIGNATURE \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

IF SIGNING ON BEHALF OF YOUTH UNDER AGE 18 OR AS LEGAL GUARDIAN, PLEASE PROVIDE NAME(S) OF ALL YOUTH/LEGAL WARD THIS APPLIES FOR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CONSENT, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT**

The undersigned adult ("Adult") is a parent, legal guardian or legal ward of \_\_\_\_\_ who is \_\_\_\_\_ years old ("Minor"). The Adult hereby signs this document, on behalf of Adult and, if any, such listed Minor (each individually and collectively are referred to as a "Participant").

TREE House of Greater St. Louis (f/k/a Therapeutic Horsemanship, and referred to herein as "TREE House"), its directors, officers, members, employees, agents (actual or apparent), attorneys, administrators, personal representatives, successors and assigns (collectively, with TREE House, the "Releasees") are not responsible for any damages to any person, animal, or property at the TREE House riding center, its grounds, or at any off-premises activity or riding sites, nor are any Releasees responsible for any lost, stolen, misplaced or destroyed property. Participant understands and agrees that participation in any activity, programming, show, clinic, work day, special event, or volunteer function hosted, sponsored or associated with TREE House -- including the use of any animals, facilities, or equipment owned, leased, operated or otherwise utilized by TREE House -- whether on TREE House's premises or at an off-premises activity or riding site (collectively, the "Activities"), is undertaken at Participant's own risk.

**IN CONSIDERATION FOR BEING ALLOWED TO PARTICIPATE IN ANY OF THE ACTIVITIES, THE PARTICIPANT HEREBY RELEASES, ACQUITS AND FOREVER DISCHARGES THE RELEASEES FROM ANY AND ALL ACTIONS AND AGAINST ANY AND ALL CLAIMS, DEMANDS, RIGHTS, PROCEEDINGS, CAUSES OF ACTION, SUITS AT LAW OR IN EQUITY, DAMAGES AND LOSSES OF ANY KIND WHATSOEVER (collectively, "CLAIMS") KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, SUSPECTED OR UNSUSPECTED, DISCLOSED OR UNDISCLOSED, ABSOLUTE OR CONTINGENT, ASSERTED OR NOT ASSERTED, WHICH ARISE OUT OF OR RELATE IN ANY MANNER TO THE ACTIVITIES, INCLUDING WITHOUT LIMITATION ALL SUCH CLAIMS RESULTING FROM THE NEGLIGENCE OF ANY KIND OR NATURE OF ANY RELEASEE.** Adult further agrees to indemnify and hold the Releasees harmless from and against any and all Claims arising from the Activities of Participant, whether or not such Claims result directly or indirectly from the negligent act or omissions of the Releasees or otherwise.

**\*\*\*WARNING\*\*\* UNDER MISSOURI LAW, AN EQUINE ACTIVITY SPONSOR, AN EQUINE PROFESSIONAL, A LIVESTOCK ACTIVITY SPONSOR, A LIVESTOCK OWNER, A LIVESTOCK FACILITY, A LIVESTOCK AUCTION MARKET, OR ANY EMPLOYEE THEREOF IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE OR LIVESTOCK ACTIVITIES PURSUANT TO THE REVISED STATUTES OF MISSOURI.** Participant acknowledges the foregoing warning and further acknowledges that riding and involvement with horses and any outdoor or indoor activities on the TREE House property or at an off-premises activity or riding site, including but not limited to the Activities, is a high-risk activity, and Participant is assuming that risk.

Adult has read this document carefully and fully understand its content, **including, but not limited to, the assumption of risk and the release and indemnification of liability.** Adult has signed this document voluntarily and of Adult's own free will, and understands that it will bind Participant's successors, heirs, assigns, executors, personal and legal representatives, attorneys, insurers, reinsurers, including Participant's child(ren) and/or legal ward. This document shall be construed and enforced under and in accordance with Missouri law without giving effect to any rule or law that would cause the laws of any other jurisdiction to be applied. Any claim arising out of the enforcement or interpretation of this Agreement shall be brought in the courts of the State of Missouri.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Printed Name of Adult