



ABN: 86291237871 ACN: 1801461

### Volunteer - Information Sheet

It is the volunteer's responsibility to ensure that all information is complete and accurate and to notify administration in the event of any changes. E: hunterhorsehaven@gmail.com

|                                |  |                          |  |
|--------------------------------|--|--------------------------|--|
| <b>Full Name:</b>              |  |                          |  |
| <b>Address:</b>                |  |                          |  |
| <b>Town/Suburb:</b>            |  |                          |  |
| <b>Postcode:</b>               |  | <b>Date of Birth:</b>    |  |
| <b>Email:</b>                  |  | <b>Phone:</b>            |  |
| <b>Occupation:</b>             |  |                          |  |
| <b>In case of emergency:</b>   |  |                          |  |
| <b>Emergency Contact Name:</b> |  | <b>Contact Phone No:</b> |  |
| <b>Relationship:</b>           |  |                          |  |

|  |  |
|--|--|
| <b>Drivers Licence:</b>                  | <input type="checkbox"/> Learners <input type="checkbox"/> Provisional <input type="checkbox"/> Open <input type="checkbox"/> No licence |
| <b>Restrictions on licence (if any):</b> |  |

Office Use only:  Application lodged  Link an Applicant  Register Updated

Membership paid BOX yes no



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|   |  |
|---|--|
| <p>If you have previous horse experience (work/ industry or volunteer), please tell us about it:</p>  |  |
| <p>Have you ever had a serious injury, either horse or non-horse related?</p> <p>YES NO?????????</p> <p>Have you ever had a personal injury insurance claim?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, give a brief description of the injury including dates, treatments and any ongoing problems - attach information if required.<br/>Provide Insurance Company details including Company Name, Address, phone number, email address.</p> |  |



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|   |  |
|---|--|
| <p>Do you have any medical conditions that may affect your ability and safety around horses?</p> <p>Please give a brief explanation of the condition and attach extra information if appropriate.</p>   | <p><input type="checkbox"/> Diabetes   <input type="checkbox"/> Back Injuries</p> <p><input type="checkbox"/> Asthma   <input type="checkbox"/> Fainting Spells/Epilepsy</p> <p><input type="checkbox"/> Allergies/Anaphylaxis   <input type="checkbox"/> Visual/Hearing Impairment</p> <p><input type="checkbox"/> Pregnancy   <input type="checkbox"/> Heart Problems   <input type="checkbox"/> Other</p> |
| <p>Are you on any medication that may cause drowsiness, loss of concentration or other reaction which may affect your own safety and the safety of others?<sup>[L] [SEP]</sup></p> <p><input type="checkbox"/> YES   <input type="checkbox"/> NO<sup>[L] [SEP]</sup></p> <p><sup>[L] [SEP]</sup> If YES, please name the medication/s and how it affects you.</p> |  |
| <p>Is there anything else that might affect your ability to volunteer with horses?</p>  |  |
| <p><b><i>Please note - if you are pregnant or have back, arm or leg injuries or conditions that may affect your ability to volunteer safely, please provide a written certificate from your medical practitioner stating that you are fit to undertake volunteer horse-related activities.</i></b></p>  |  |



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### **Insurance:**

Note that Hunter Horse Haven INC. has public liability insurance. Volunteers/Visitors are required to be Financial members of Hunter Horse Haven Inc. and complete a Liability Waiver Declaration on entrance to property and sign in on arrival and out prior to exiting property.

### **Risk of participating in horse related activities:**

***It is important to understand that there are risks involved with horse related activities. Hunter Horse Haven Inc. management, supervisors and contractors make every effort to ensure risk assessments are undertaken and safety procedures followed. However, it is impossible to make horse related activities completely risk free.***

I understand, acknowledge and accept that:

1. There is a significant risk that serious INJURY or DEATH may result from horse accidents. The risk is increased if the horse is hurt or frightened;
2. There is a risk that I may contract a zoonotic disease (e.g. Hendra Virus) when working with horses I will wash my hands after contact with horses and before eating and drinking;
3. I must always wear protective clothing during horse-related practical activities - including but not limited to a hat (preferably wide-brimmed), covered shoulders (preferably a shirt with a collar), enclosed footwear which protect the toes;
4. I must not drink alcohol or take drugs prohibited by law before or during any horse activity;
5. I must not use a mobile phone or any other electronic device during any horse activity and the phone must be on silent if I am carrying it on me;
6. I must advise my supervisor if I am taking medication or have an injury that may impair my ability to safely participate in a horse activity;
7. I must follow the directions of my supervisor for the safety of myself and fellow volunteers. If at any time I am unclear or not confident to perform what is being asked, I will tell my supervisor BEFORE performing an activity. If I lose confidence, become unsure or lose control, I will cease the activity immediately and seek assistance;
8. Any failure to follow these rules increases the risk of injury, death or permanent disability.



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9. To Volunteer at Hunter Horse Haven Inc. I am required to complete a Liability Waiver

### **Volunteer Code of Conduct**

I, the undersigned, agree to the following:

1. I will collect information on a horse prior to approaching or beginning any activity;
2. I will monitor horse behaviour constantly and adjust activities accordingly;
3. I understand that there is considerable variation in temperament between horses and responses to stimuli can be unpredictable;
4. I will ensure horses are aware of my presence before approaching or commencing an activity and will maintain a correct, safe body position always to avoid being kicked, bitten or struck;
5. I will always consider the fight/flight response in horses and be aware that a threatened horse may act aggressively;
6. I am aware that horses behave differently in herd situations and to monitor horse behaviour in herd situations;
7. I agree not to approach a horse that is in quarantine or that has been decreed a “non-volunteer” horse;
8. I will not smoke on or near any organisation property, equipment or demonstration;
9. I will conduct myself with the greatest appreciation for animal welfare, according to the instructions from my supervisor;
10. I will not leave horses unattended while they are tied;
11. I understand that working alone may increase my risk of injury and that I am always required to work with a partner when possible or advise someone of my intentions;
12. I will never sit or kneel when working around horses;
13. I will avoid wearing jewellery or having long hair untied;
14. I will put away tack and equipment in its correct location after use;
15. I will not use or take charity equipment home or use it for my own personal use;
16. I will treat all charity equipment, machinery and vehicles with the greatest care and respect;
17. I will not bring a pet or small child with me when volunteering without prior permission;
18. I understand that all client or student information, including names, medical history or any other details are to remain completely confidential and must not be shared under any circumstances;
19. I will not take photographs of students or clients or sessions without prior permission and will not post any client, session or charity related photographs or updates on any social media or email or any other digital or printed media;
20. I must not share any information that is not part of the public domain regarding the charity, it's inner workings, management, planning or finances.
21. I will always follow the guidelines of the Child and Youth Risk Management Strategy.



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### **Declaration**

I consent to and authorise the use and reproduction of any and all photos and any other audio-visual material taken of me or by me of volunteer related activities, for promotional or educational materials or for any other use for the benefit of the charity.

I understand, acknowledge and accept that participating in horse related activities holds risk as detailed above in this document and I have read and understood these risks.

I have read and understood the Code of Conduct listed above in this document and agree to all conditions.

I have been made aware of the importance of the Child and Youth Risk Management Strategy and I have read through it understand my responsibilities as well as the requirements under Blue Card legislation.

I understand and agree that voluntary assistance does not and is not intended to create any relationship of agency or employment between myself and Reason to Thrive Inc. I am not authorised to hold myself as being authorised to exercise any responsibilities for or on behalf of Hunter Horse Haven INC.

I acknowledge that I will not receive wages of any sort or leave allowances in respect of my voluntary assistance.

I understand it is a recommendation that I have an up to date tetanus vaccination.

|                             |  |              |
|-----------------------------|--|--------------|
| <b>Name of Participant:</b> |  |              |
| <b>Signature:</b>           |  | <b>Date:</b> |