



### VOLUNTEER APPLICATION CAMP ABLE OF BUFFALO GAP

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: Street, Apt. No: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PHOTO CONSENT:** I  DO  DO NOT (blackened one square) consent to and authorize the use and reproduction by Advocates of Camp Able (Camp Able of Buffalo Gap) of any and all photographs and any other audio/visual material taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

**AUTHORIZATION FOR MEDICAL TREATMENT:** 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 Camp Able of Buffalo Gap (Advocates for Camp Able) to:

- Secure and retain medical treatment and transportation if needed.
- Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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 guardian or other emergency contact is unable to be reached. Volunteer understands that NO LIABILITY can be accepted by any of the organizations concerned, including Camp Able, in the event such accident may occur.

**EMERGENCY CONTACT NAME & CELL PHONE:** \_\_\_\_\_

**PREFERRED PHYSICIAN NAME & MEDICAL FACILITY:** \_\_\_\_\_

**ALLERGIES/KNOWN CONDITIONS** (including history of seizures) of which we should be aware: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Camp Able Staff Use Only:**

- Emergency Medical Consent
- Activities Release & Hold Harmless Consent
- Photo Release Consent
- Confidentiality Agreement
- Background Check Consent
- Social Media Policy
- Referrals

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Passed: \_\_\_\_\_



02/2024

## ACTIVITIES RELEASE & HOLD HARMLESS CAMP ABLE OF BUFFALO GAP

I, \_\_\_\_\_ [First & Last Name], have the opportunity to volunteer in camp activities (including equine activities, swimming activities and other camp related activities) associated with Advocates for Camp Able (dba Camp Able of Buffalo Gap).

I understand that participating in these activities, as a participant, rider, volunteer, student, spectator or staff, exposes me to a risk of property damage, personal injury or death. I understand that my choice of participating in these activities is voluntary on my part, and I affirm my desire to participate in the program set out above. I agree to assume full responsibility for my safety and the safety of my property while I am on a trail ride or in an arena or at other locations where camp activities are held, in transit to and from the trails, arena or other locations where camp activities are held, and at all other times. I understand that I may sometimes participate in various activities, some of which may include an element of risk.

In consideration of being allowed to participate in the above mentioned activities, I, the undersigned do hereby release, indemnify, and hold harmless the non-profit organization responsible for operating Camp Able of Buffalo Gap, along with the officers, directors, employees, representatives, agents and volunteers, any allied health, mental health professionals and any other professionals volunteering and/or contracting with Camp Able of Buffalo Gap or any other equine or other activity sponsor as well as other participants and spectators from any and all liability claims, demands, and actions whatsoever arising out of or related to any loss, damage, or injury, including death, which may be sustained by me or to any property belonging to me. The terms hereof shall also serve as a release and assumption of risk for my heirs, executor and administrator, and for all members of my family, and may be pleaded as a bar to litigation. Jurisdiction of this matter and venue shall lie exclusively in Taylor County, Texas.

**WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), 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.**

I am 18 years of age or above and have read this Release and Hold Harmless Agreement and understand and voluntarily accept the terms.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



## **BACKGROUND CHECK CONSENT**

By signing below, I give my permission to Camp Able to obtain information relating to my criminal history record, as received from the reporting agencies, may include arrest & conviction data, as well as plea bargains and deferred adjudications. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with Camp Able. I understand that this will be repeated annually, and that I will have the opportunity to review the criminal history report and provide clarification as needed. I agree to hold Camp Able and all related parties harmless for any actions that may occur as a result of the investigation of my background in connection with my application to become a volunteer for Camp Able.

## **CONFIDENTIALITY AGREEMENT**

By signing below, I acknowledge that in the course of volunteering, I may receive and have access to information and records of clients, donors, employees and other volunteers of Camp Able, including but not limited to medical records, diagnosis, progress reports and financial statements. I hereby agree to hold such information in confidence and to not divulge the information to any person except as directed by Camp Able. I also agree that written materials in the files of Camp Able will be maintained in confidence and not removed from such files.

## **SOCIAL MEDIA POLICY**

By signing below, I confirm that I have read the following Social Media Policy of Camp Able, and will comply with the requirements therein.

- Individual presence online can reflect on Camp Able. Volunteers must be aware that comments, posts or actions captured via digital or film images can affect the image of Camp Able.
- Camp Able logos may only be used with written consent of Camp Able.
- Any information published by volunteers on any forum or platform must comply with Camp Able's Confidentiality Agreement.
- Any information published by volunteers expressing personal views must be accompanied by a clear disclaimer that the views expressed are the author's alone and do not represent the views of Camp Able.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Participant



02/2024

## CAMP ABLE VOLUNTEER REFERRALS

**PLEASE LIST TWO (NON - FAMILY REFERRALS)**

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**CONTACT ADDRESS:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**CONTACT EMAIL:** \_\_\_\_\_