



Israel National Therapeutic Riding Association  
PO Box 370, Bnei Zion 609-100, Israel  
09-866-6305 ▪ [intra@012.net.il](mailto:intra@012.net.il) ▪ [www.intra.org.il](http://www.intra.org.il)

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Street City State Zip Country

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**VOLUNTEER JOBS:** My volunteer interest(s) are: *(There are certain criteria and skills required for some of these positions, which may require further training.)*

- \_\_\_ Horse Handler      \_\_\_ Lead Walker      \_\_\_ Side Walker
- \_\_\_ Barn Duties      \_\_\_ Photo/ Video Taping      \_\_\_ Office Cleaner
- \_\_\_ Stall Cleaner      \_\_\_ Mailings      \_\_\_ Yard Caretaker
- \_\_\_ Horse Training      \_\_\_ Team Office/ Phones      \_\_\_ Arts and Crafts
- \_\_\_ Volunteer Training      \_\_\_ Team Special Events      \_\_\_ Talking with Group Visitors

**SKILLS and INTERESTS:**

1. Previous volunteer experience: \_\_\_\_\_

2. Hobbies and interests: \_\_\_\_\_

3. Educational background: \_\_\_\_\_

4. Current occupation: \_\_\_\_\_

5. Equine background: \_\_\_\_\_ Years \_\_\_\_\_

6. Experience: \_\_\_ Horse Care \_\_\_ Sign Language \_\_\_ Hebrew Speaking \_\_\_ Computer Skills

Other: \_\_\_\_\_

7. Describe previous experiences working with a particular disability. \_\_\_\_\_

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

**AVAILABILITY:**

**PREFERENCE:** Please mark all days and times you are available to be scheduled:

TIME	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
7:30am-12:30 pm						
2:30 pm-7:30 pm						
4:00 pm - 9:00pm						

\_\_\_\_\_



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**BACKGROUND VERIFICATION:**

1. Have you ever been convicted of a criminal offense? \_\_\_ YES \_\_\_ NO
2. Have you ever been charged with neglect, abuse or assault? \_\_\_ YES \_\_\_ NO

Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please list 2 non-family references whom we might contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

**LIABILITY STATEMENT:** I will not hold INTRA liable for any accident or injury incurred while participating in the INTRA sessions or related activities nor will INTRA, its staff, Board of Directors, owners of the horses or owners of the premises be liable for same.

\_\_\_\_\_ (INITIAL)

**PHOTO/VIDEO RELEASE:** I hereby grant The Israel National Therapeutic Riding Association (INTRA) permission to use any and all photographs, slides and any other audiovisual materials in which I may appear for the express purpose of promoting the INTRA program and do not expect, nor shall receive any monetary reimbursement for this authorization.

\_\_\_\_\_ (CONSENT Initial) \_\_\_\_\_ (NON-CONSENT- Initial)

**PHYSICAL REQUIREMENTS:** I realize that the volunteer jobs at INTRA require me to be in good health, physically active, mentally alert and focused, often for more than two to three hours per session. I also acknowledge that I must be able to walk briskly, occasionally trot, and be able to tolerate times when there may be severe weather conditions such as heat, wind, dust and /or rain.

\_\_\_\_\_ (INITIAL)

I, \_\_\_\_\_, have read and understand the contents of this document.  
The information provided by me is complete, true and accurate to the best of my knowledge.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If MINOR, Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Good Faith Agreement:**



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Consistency and commitment to our special needs riders is an important aspect of INTRA volunteer service. By accepting a position as a volunteer, I agree to honor this commitment. If I need to miss a session, I will call the INTRA office, at 09- 866-6305 in advance, to inform them so that proper coverage in my absence can be arranged.

In addition, I agree to conduct myself with the highest ethical, legal, and moral standards. I realize that failure to do so would be cause for my immediate dismissal from INTRA.

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

If MINOR, Signature of Parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL HISTORY and**  
**EMERGENCY TREATMENT RELEASE INFORMATION**

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

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**MEDICAL INFORMATION:**

Physician: \_\_\_\_\_

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

Medical Insurance Company:

\_\_\_\_\_

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

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Company or Agent Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY:**

**CONTACTS IN ISRAEL:**

**First Contact:**

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

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

**Second Contact:**

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

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

**CONTACTS OUTSIDE OF ISRAEL:**



Israel National Therapeutic Riding Association

**First Contact:**

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

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

**Second Contact:**

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

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

*In case of emergency, I give permission to INTRA to secure medical treatment including x-ray, surgery, hospitalization and medication.*

\_\_\_\_\_ (INITIAL)

**MEDICAL HISTORY**

**Medications:**

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**Allergies: (medications, insect bites etc.)**

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**Pertinent Medical Conditions:**

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**Useful Medical History:**

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**I deem the above information to be true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If MINOR Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **INTRA POLICY OF CONFIDENTIALITY DISCLOSURE OF MEDICAL and/or SENSITIVE INFORMATION**

**General Principle:** The Israel National Therapeutic Riding Association (INTRA) shall preserve the right of confidentiality for all individuals who participate in its program.

**Procedure:**

1. All medical, social, referral, personal, and financial information regarding a person and his/her family shall be kept confidential.
2. Anyone who works or volunteers for, or provides services to INTRA, shall be bound by this policy. This policy includes but is not limited to full and part-time staff, volunteers, independent contractors, temporary employees and board members.
3. Disclosure of information to outside agencies or individuals shall be done only with the specific written consent of the student. If a student is under the age of eighteen (18) and/or not competent to give consent for disclosure, then a parent or legal representative must give informed consent.
4. Intra-agency disclosure of medical and/or sensitive information shall be on an as needed basis only.
5. The Program Director and Director of Volunteer Services shall ensure that all staff, volunteers, and board members receive a copy of the confidentiality policy. All Staff, volunteers and board members shall sign the confidentiality statement below that pledges to protect the confidentiality of all information regarding individuals who participate in the INTRA program.

**Penalties:** Violations of this policy which result in a breach of confidentiality may result in reprimand, loss of certain job responsibilities or termination. The Program Director shall be responsible for reviewing any violation of this policy.

### **CONFIDENTIALITY STATEMENT**

I have read and understand the above policy of confidentiality for The Israel National Therapeutic Riding Association (INTRA). A copy of this policy has been made available to me. I agree to observe and follow all the procedures contained therein.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If MINOR, Signature of Parent/Guardian,** \_\_\_\_\_ **Date:** \_\_\_\_\_