



Where Hoofs & Hearts Take  
Flight!

## THE D.O.V.E.S. GUIDANCE PROGRAM

*Discovering Our Visions through Equestrian Services*

*A Family & Youth Horsemanship Program*

13749 E. Kettleman Lane

Lodi, Ca. 95240

(209) 224-0311

[www.thedovesprogram.com](http://www.thedovesprogram.com)

[doves@clearwire.net](mailto:doves@clearwire.net)

### *Volunteer Application*

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Occupation/School: \_\_\_\_\_

Parent/Guardian (if applicable): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Please circle the volunteer position(s) desired: Fundraising Promotions Mentor/Instructor or Assistant  
Facility Maintenance/construction Horse Management & Care Other: \_\_\_\_\_

#### Please answer the following questions:

1. How did you learn about The DOVES Program?
  
  
  
  
  
  
  
  
  
  
2. What would you like to gain from you experience with our program?
  
  
  
  
  
  
  
  
  
  
3. Do you have experience working with people and horses? Briefly explain:
  
  
  
  
  
  
  
  
  
  
4. Lesson volunteers either lead the horse or walk beside the horse to assist a rider for up to one hour per lesson in all kinds of weather. Do you have any physical limitations that would make this difficult for you?
  
  
  
  
  
  
  
  
  
  
5. Do you have any restrictions, precautions or anything we need to know about your recent health history?

Medication:

Surgery:

Injuries:

6. List any previous type of volunteer experience (i.e. Lessons, office, fundraising, or committee involvement).

7. Please provide two personal references, other than relatives:

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

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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

Relationship: \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

### ***Volunteer Code of Ethics:***

The purpose of The DOVES Guidance Program Code of Ethics is to provide volunteers an ethical and responsible framework from which to serve.

Volunteers for The DOVES Guidance Program have a purpose to being invested in maintaining an ethical organization based on Christian values and beliefs. This includes all aspects of the program, including the services, organizational structure, and all communication among the volunteers, staff, clients, the public and the board.

#### ***As a volunteer, I will:***

1. Listen carefully to the Program's director's and instructors.
2. Respect my fellow volunteers
3. Respect and support the decisions of staff and board members in regard to the success of the Program.
4. Keep well informed of developments and policies relevant to my volunteer responsibilities and the Program's policies.
5. Participate actively in volunteer training and assist other volunteers as they join the Program
6. Bring to the attention of the management or director any issues that I believe will have an adverse effect on the Program or those we serve.
7. Help to curtail any negative conversation or rumor related comments.
8. Represent all whom this organization serves and refrain from bringing in my personal interests.
9. Consider myself having ownership of the Program and do my best to ensure that it is well maintained – keeping safety and quality in mind.
10. Always strive to learn how to be a more effective volunteer.

#### ***As a volunteer, I will not:***

1. Criticize fellow volunteers, staff, directors or participants or their opinions.
2. Use the Program for my personal advantage or that of my friends or relatives.
3. Discuss confidential issues with anyone not involved with those issues.
4. Interfere with the duties of staff members or undermine their authority.

### ***Statement of Values:***

***The program and ranch is not associated with any particular religious congregation. However, D.O.V.E.S. is a faith-based organization. The ranch is founded on the same Judeo-Christian values that our nation was built upon. Faith on the ranch is "lived" not "preached." Because the Founders and Board of Directors believe in God and the saving grace of His Son Jesus Christ, it is our greatest desire to serve God by the demonstration of our faith through action by our love for Him and the support of families. It is our highest honor to serve children and families of all backgrounds.***

## Accountability

All volunteers share the responsibility of maintaining the Code of Ethics. This responsibility may include direct one-on-one communication with the person involved in discussions privately; at a larger meeting; or speaking to a staff member. Where repeated attempts have been made to rectify a volunteer's non-compliance with the Code of Ethics, or where severe violations of the Code of Ethics has occurred, prompt action will be taken to remove or suspend the individual.

As a DOVES Guidance Program volunteer, I agree to adhere to and to be responsible for maintaining the above Code of Ethics.

\_\_\_\_\_  
Signature of Volunteer Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of Volunteer

## Volunteer Confidentiality Agreement

This form is for: \_\_\_\_\_  
Print volunteer's name

I understand that all information (written or verbal) regarding participants in the DOVES Guidance Program is confidential and will not be shared with anyone without the express written consent of the participants and, in the case of a minor, their parent/guardian.

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

## Background Information

Have you ever been charged with or convicted of a crime { } Yes { } No  
If yes, please explain:

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

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

I understand that such assess is for the purpose of considering my application as a volunteer and that I expressly DO NOT authorize The DOVES Guidance Program, it's directors, officers, employees, or other volunteers to disseminate this information in any way to any other individual, group, organization, or corporation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of volunteer, parent or guardian (if volunteer is a minor)

## Photo & Video Release

Name of Volunteer: \_\_\_\_\_

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grant to Th DOVES Guidance Program, Inc. permission to take, or have taken, still and moving photographs and films of the above named volunteer, including web sites, television pictures, and consents and authorizes The DOVES Guidance Program, Inc. its advertising agencies, news media, and any other persons interested in The DOVES Guidance Program, Inc. and its work, to use and reproduce the photographs, films or pictures, and to circulate and publicize the same by all means, including, without limiting the generality of the foregoing, we sites, television media, brochures, pamphlets, instructional materials, books, and other clinical materials.

I give consent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of volunteer, parent or guardian (if volunteer is a minor)

I **do not** give consent: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of volunteer, parent or guardian (if volunteer is a minor)

## Release of Indemnification & Liability

*All volunteers must sign and have on file The Doves Guidance Program Release of Indemnification & Liability.*

### Authorization for Emergency Medical Treatment

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to medication or foods: \_\_\_\_\_

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

### In the event of an Emergency, Contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #1: \_\_\_\_\_ #2: \_\_\_\_\_

In the event of 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 The DOVES Guidance Program, Inc. to:

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.

### Consent Plan

This authorization includes x-rays, 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.

Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of volunteer, parent or guardian (if volunteer is a minor)

### Non-Consent Plan

I do not give 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 of emergency treatment/aid is required, I wish the following procedure to take place:

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

Non-Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of volunteer, parent or guardian (if volunteer is a minor)