



BEAMING Inc.

Volunteer Application

Date: _____

Name _____ DOB _____ (must be 14 or older)

Address _____ City _____ State ____ Zip _____

Primary Phone _____ Secondary Phone _____

Email: _____

Name (Parent/Guardian if volunteer is under 18 years of age) _____

Primary Phone _____ Secondary Phone _____

Email _____

Describe any relevant experience with horses and/or with individuals with disabilities:

Please indicate all your areas of interest:

- Side walker**
- Aid children with disabilities during equine assisted activities
 - Training is provided; no experience is necessary
- Horse handler**
- Must be knowledgeable and proficient in the following:
 - Grooming
 - Haltering
 - Leading (showing basic skills such as backing and pivoting)
 - Using Western & English tack
- Assist with facilities cleaning and maintenance**
- Special events help**

Do you have any medical conditions/allergies? Medications? _____

Are you able to walk for 60 minutes and jog short distances? _____

Are you able to lift your arm to shoulder height? _____ Are you able to do an emergency pull off? _____

Check if you are trained in any of the following:

First Aid
CPR
AED
Other _____

For Office Use Only:
Background screening date: _____
Screening performed by: _____
Orientation date: _____

In order to volunteer at BEAMING Inc. a background check is required. Please provide a copy of your WI driver's license.

Have you ever been convicted of a felony? _____

Signature: _____ Date: _____

(Volunteer, Parent or Guardian)

Please email completed application & waivers to
volunteer4.beaming@gmail.com or mail to
BEAMING Inc., 2692 County Road GG, Neenah, WI 54956.
Upon receipt, you will be contacted to schedule orientation training.



BEAMING Inc.
Authorization for Emergency Medical Treatment
(Choose A or B)

A. Consent Plan:

In the event of an emergency where medical 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 BEAMING 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.

This authorization includes x-ray, surgery, hospitalization, medication and/or any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person below is unable to be reached.

In the event I (parent, guardian), _____ cannot be reached

phone _____ please contact the following:

Contact #1: _____ Relationship _____ Phone: _____

Contact #2: _____ Relationship _____ Phone: _____

Physician Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____

Group # _____ Member# _____

Consent Signature: _____ Date: _____

B. Non-consent Plan

I do not give consent for emergency medical treatment/aid for myself or my minor child/ward 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 that emergency treatment/aid is required, I wish the following procedure to take place:

Non-consent Signature: _____ Date: _____



**BEAMING INC.
RELEASE OF LIABILITY AGREEMENT
VOLUNTEER**

I, _____, hereinafter referred as VOLUNTEER, in return for the use, today and on all future dates of the property, facilities and services of KK Quarter Horses, LLC.; Katie L. Samuelson Klundt, Henry M. Klundt, Kayla M. Minschmidt, and Hanks Paynes Point Inc.; BEAMING, Inc.; and instructors, volunteers, Board of Directors, and any and all persons associated with BEAMING, Inc., hereinafter referred as MANAGER, I (VOLUNTEER) hereby agree as follows:

(Capitals indicate terms that will be defined either at the head or at the end of the agreement.)

1. VOLUNTEER agrees that when permitted by Wisconsin law, this agreement will be applicable to VOLUNTEER's heirs, successor, assigns and representatives.
2. MANAGER acknowledges that this Release of Liability does not include intentional behavior from part of MANAGER or MANAGER's employees, agents or representatives.
3. VOLUNTEER acknowledges that this form is a Release of Liability, which is separated from any other contract that VOLUNTEER may have or may execute with MANAGER.
4. VOLUNTEER agrees that not signing a Release of Liability may be a ground for refusal to be admitted and use of the FACILITIES or to participate in the ACTIVITIES of MANAGER. VOLUNTEER also agrees that by signing this form, VOLUNTEER is waiving any past, present or future right to negotiate a different Release of Liability form with respect to these ACTIVITIES.
5. **In case that VOLUNTEER desires to modify the Release of Liability form, VOLUNTEER should communicate it to the President of MANAGER. VOLUNTEER shall do this before attempting to enter the FACILITIES or taking part on the ACTIVITIES.**
6. This document can only be modified in writing and signed by both the President of MANAGER and VOLUNTEER.
7. VOLUNTEER agrees to have read the following notice, which is included according to s. 895.481(5) of the Wisconsin Statutes: **Wis. Stat. 895.481(4)...**
"Notice: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes."
8. VOLUNTEER acknowledges there are inherent risks with these ACTIVITIES, and hereby expressly assumes all risks associated with participating in such ACTIVITIES. The inherent risks include, but are not limited to, the propensity of EQUINES to behave in ways such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them.
9. VOLUNTEER acknowledges that EQUINES are unpredictable and subject to animal whim and that when frightened, angry or under stress, EQUINES may behave in unforeseen manners. For this reason, VOLUNTEER should not carry objects that may fall and/or may produce noises that could scare an EQUINE. VOLUNTEER assumes full responsibility for all risks in connection with ACTIVITIES performed within the FACILITIES, and expressly waives any claims for any injury, loss, and/or damage arising from the participation of VOLUNTEER in these ACTIVITIES. This waiver is with respect to MANAGER and MANAGER's employees, agents, heirs, representatives, family members, assigns, affiliated persons and others acting on MANAGER's behalf.
10. VOLUNTEER acknowledges that MANAGER and MANAGER's employees, agents, heirs, representatives, family members, assigns, affiliated persons, and others acting on MANAGER's behalf cannot be held responsible for any total or partial act, such as occurrences or ELEMENTS OF NATURE, outside of the control of MANAGER, that may affect an EQUINE causing it to react in some unsafe manner.
11. VOLUNTEER agrees to abide by and follow MANAGER's rules and regulations, which shall be posted and/or available from time to time. VOLUNTEER also acknowledges that the behavior of any animal is contingent to some extent upon the ability of the handler and than once mounting and taking up the reins of an EQUINE, VOLUNTEER is in primary control. VOLUNTEER agrees to be fully responsible for VOLUNTEER's own safety and that of any other person that may accompany or be close to VOLUNTEER while in control of an EQUINE within the FACILITIES.
12. VOLUNTEER agrees to assume responsibility when handling an EQUINE while providing assistance to another person.
13. VOLUNTEER acknowledges that a full and fair disclosure of VOLUNTEER's abilities has been made to MANAGER. VOLUNTEER waives any responsibility resulting from lack of disclosure of any circumstance known or that should have been known that may impede or limit the performance of VOLUNTEER.
14. **In case that VOLUNTEER be a female and pregnant, VOLUNTEER assumes full responsibility for the safety of any unborn child and releases MANAGER and MANAGER's employees, agents, heirs, representatives, family members, assigns, affiliated persons, and others acting on MANAGER's behalf against any injury or death that is sustained or suffered by the unborn child while performing any ACTIVITIES within the FACILITIES.**
15. VOLUNTEER is advised to wear properly fitted and secured HELMET every time riding. **IN CASE THAT VOLUNTEER IS UNDER THE AGE OF 18, VOLUNTEER SHALL ALWAYS WEAR A HELMET WHEN RIDING.** MANAGER assumes no responsibility in providing VOLUNTEER with an appropriate HELMET, to check the condition of any HELMET or helmet strap used by VOLUNTEER or any other person, nor to monitor the compliance with these requirements at any time neither now nor in the future. VOLUNTEER assumes any and all responsibility for the decision to wear or not to wear a HELMET.
16. VOLUNTEER acknowledges that it is a requirement to participate in the ACTIVITIES within the FACILITIES to wear APPROPRIATE RIDING SHOES.

17. VOLUNTEER understands that it is VOLUNTEER's duty to immediately inform MANAGER or any MANAGER's employee of any concern or issue with respect to any EQUINE or the EQUINE's equipment as soon as this concern or issue is known by VOLUNTEER. VOLUNTEER acknowledges that the lack of disclosure of these issues or concerns releases MANAGER and MANAGER's employees, agents, heirs, representatives, family members, assigns, affiliated persons, and others acting on MANAGER's behalf from any and claims

Release of Liability

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for personal injury or property damage resulting from taking part in ACTIVITIES within the FACILITIES.

18. VOLUNTEER expressly releases MANAGER and MANAGER's employees, successors, agents, heirs, representatives, family members, assigns, affiliated persons, and others acting on MANAGER's behalf from any and all claims for personal injury or property damage resulting from participation of VOLUNTEER in the ACTIVITIES of MANAGER.
19. VOLUNTEER agrees to hold harmless, indemnify and defend MANAGER and MANAGER's employees, agents, affiliated persons, and others acting on MANAGER's behalf from any and all claims, demands, causes of action, damages, judgments, orders, costs or expenses, including attorney's fees, whether actually incurred or not, which may in any way arise from or be in any way connected with VOLUNTEER's participation in the ACTIVITIES of MANAGER.
20. VOLUNTEER agrees that should emergency medical treatment be required, VOLUNTEER or VOLUNTEER's accident/medical insurance company shall pay for all such incurred expenses.
21. VOLUNTEER acknowledges that no oral representations or other agreements not herein expressed have been made to VOLUNTEER, that this Release of Liability constitutes a complete understanding and that the terms of this Release of Liability are contractual.
22. VOLUNTEER accepts that this Release of Liability is governed and should be interpreted under Wisconsin law and that this agreement is intended to be as broad and inclusive as Wisconsin law permits. Should any part of this document conflict with Wisconsin law, only that part will be nil and void and the rest shall stay in effect. VOLUNTEER also accepts that any disputes that arise from the application or interpretation of this Release of Liability should be resolved by a Federal or State court of proper jurisdiction located in Wisconsin. VOLUNTEER, therefore, agrees that the legal jurisdiction for this contract will be the State of Wisconsin.
23. VOLUNTEER agrees to pay any attorney's fees and court costs that may be incurred by VOLUNTEER's breach.
24. VOLUNTEER represents that VOLUNTEER:
- Is at or over 18 years of age;
 - Is of sound mind, and not suffering from shock or under the influence of alcohol, drugs or intoxicants;
 - Has fully read this Release of Liability and understands it;
 - Understands that signing this Release of Liability represents the waiver of any right to sue due to injuries or death according to what is expressed on this agreement;
 - Has given complete, truthful and accurate information.

DEFINITIONS:

ACTIVITIES: Refers, but it is not limited to, training, teaching, riding, inspecting, and evaluating an EQUINE. Riding, training or driving a vehicle pulled by an EQUINE. Assisting in the medical treatment of an EQUINE. Shoeing of an EQUINE. Riding as a passenger of an EQUINE. Assisting a person participating in any of these activities. Being for some other reason in the proximity of an EQUINE. Any other duty performed by VOLUNTEER regarding Beaming Inc.

APPROPRIATE RIDING SHOES: Refers to shoes that have heels. This definition excludes tennis shoes or any other type of shoe that has no heels. This definition also excludes any type of shoe which heels exceed the appropriate size to be used with stirrups. MANAGER recommends the use of shoes which were made with the exclusive purpose of riding EQUINES.

FACILITIES: Refers to the horse stables and any other area where the activities of Beaming Inc. take place.

ELEMENTS OF NATURE: Includes, but is not limited to, thunder, lightning, rain, wind, water, wild and domestic animals (which includes other EQUINES, insects and reptiles), irregular footing on out-of-door groomed or wild land. Land is subject to constant change in conditions according to weather, temperature, and natural and man-made changes in landscape.

EQUINE: Includes, but it is not limited to, donkeys, hinny, horses, mules and ponies.

HELMET: Refers to any certified protective equestrian headgear. In this contract, helmet does not include any kind of helmet or hard hat not designed to be used while riding an EQUINE.



Karen Amundson
Center Director

VOLUNTEER

SIGNATURE OF PARENT OR GUARDIAN (WHEN VOLUNTEER IS A MINOR)

DATE



PHOTO, AUDIO, AND VIDEO POLICY & RELEASE

Photo, Audio, and Video Policy of Guests:

Volunteers and their families are prohibited from taking photographs and recording audio or video (including via cell phone) at BEAMING Inc. unless given permission from the Center Director at the time photos/video/audio are being taken. If permission is granted, personal photographs, audio and videos are not to be used for social media or commercial purposes. The BEAMING Inc. blanket policy has been implemented to protect the privacy and rights of all participants. Thank you for adhering to this policy.

_____	_____	_____
<i>Volunteer</i>	<i>Signature of Responsible Party</i>	<i>Date</i>

Photo, Audio, and Video Release to the Center:

The undersigned hereby grants to BEAMING Inc. permission to take, or have taken, photographs and videos of the named Volunteer, and consents and authorizes BEAMING Inc. to use and reproduce the photographs and videos, and to circulate and publicize the same by any means deemed appropriate by BEAMING Inc. including, without limitation the generality of the foregoing: newspapers, web sites, social media, television media, brochures, pamphlets, instructional materials, books, and clinical materials. No inducements or promises have been made to secure this signature to this release other than the intention of BEAMING Inc. to use, or cause to be used, such photographs and videos for the primary purpose of promoting and aiding BEAMING Inc. and the field of equine-assisted services.

I give consent:

_____	_____	_____
<i>Volunteer</i>	<i>Signature of Responsible Party</i>	<i>Date</i>

I do not give consent:

_____	_____	_____
<i>Volunteer</i>	<i>Signature of Responsible Party</i>	<i>Date</i>

POLICY OF CONFIDENTIALITY

I agree to respect and observe privacy and confidentiality of the participants, volunteers, and donors of BEAMING Inc. and will not discuss or disclose any sensitive information about any person or their family.

_____	_____	_____
<i>Volunteer</i>	<i>Signature of Responsible Party</i>	<i>Date</i>



INFECTIOUS DISEASE ACKNOWLEDGEMENT OF RISK & ACCEPTANCE OF SERVICES

I, _____, am aware of the risks of contracting or spreading infectious diseases (i.e., COVID-19, flu) while working or volunteering at BEAMING Inc.; attending an event; and/or receiving face-to-face services from BEAMING Inc. and KK Quarter Horses LLC during the time of a pandemic outbreak, and /or Wisconsin Governor's or Winnebago County's declaration of a "stay-at-home" order(s).

I am aware that face-to-face services and experiences increase my risk of contracting and passing on the Covid-19 or Coronavirus and agree to hold harmless BEAMING Inc. and KK Quarter Horses LLC and its residents, members, officers, managers, agents, employees and all other individuals I may come in contact with during this interaction and receiving of services, providing services, attending an event or volunteering within this organization. I am aware of the options 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 guidelines for personal hygiene, personal safety and public safety as recommended by BEAMING Inc. and KK Quarter Horses LLC; as well as my individual provider/practitioner. This may include, but is not limited to, waiting in my vehicle and/or home until I am asked to enter the building/farm; maintaining social distance; washing my hands prior to and following each session or activity; use of hand sanitizer upon request; wiping down surfaces with disinfecting wipes and/or wearing a protective medical mask and/or 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 24 hours to 2 weeks, including; cough, sneezing, fever, chest congestion or additional signs of potential spread of any virus or bacteria/disease. In addition, I will follow the recommendations of my provider once I have notified them of these risks in regards to my future services or attendance during this pandemic.

BEAMING Inc. and KK Quarter Horses LLC will engage in regular cleaning and sanitizing of the facility, horse tack, grooming supplies and office, doors, and frequently touched areas in-between clients and on a daily basis as recommended by the CDC for the safety of clients, employees, volunteers and horses.

I am signing under my own free will and agree to follow these and hold harmless all individuals associated with or through my services acquired from BEAMING Inc. and KK Quarter Horses LLC.

BY SIGNING BELOW, I CONFIRM THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Participant

Signature of Responsible Party

Date

NEW VOLUNTEER WELCOME

(Please keep this page)

As a non-profit organization, we rely heavily on volunteers just like you to be a success! We value every hour you spend with us, and we welcome you to our barn family.

Opportunities: There is **always** something to do at BEAMING:

- o Working closely with participants
- o Horse grooming/leading
- o Barn cleaning/windows/cobwebs
- o Yard maintenance
- o Maintaining equipment
- o Painting
- o Sensory garden
- o Special events
- o Much, much, more

Get to know you: We try to get to know you and find out what is important to you while working with us here at BEAMING. We celebrate your strengths and will encourage your efforts to find new experiences and grow in areas you want to improve. By placing the focus on helping the participants, a real connection takes place which is difficult to explain. We encourage you to come, join our family, help others, and grow as a person.

SIGNUP.COM: We use an on-line Signup system for our volunteers to let us know when they are available. Please go to our website under the Volunteer tab – Volunteer Opportunities – scroll to the bottom and click the “Sign Up” button.

Parking: When volunteering, please park on either end of the lot reserving the middle area for participants. We ask everyone to please observe the **10 mph** speed limit on the driveway.

At the Barn: When you arrive and leave the barn, we ask you to **sign in and out** with your times. Tracking the number of volunteer hours is important for our grant writing.

Upcoming Events: Upcoming events are posted on our website, on Facebook and in the barn.

Contact Information: If you have any concerns or questions please don't hesitate to contact us:

Center Director: Katie Samuelson:

Email incbeaming@gmail.com

Phone (920) 851-6160 (between 8am and 6pm)

Website www.beaminginc.org

Facebook at BEAMING Inc.



Scan QR Code
with your
phone to get
to our
VOLUNTEER
SignUp Page

Welcome BEAMING Inc. VOLUNTEERS!



We are so excited to have you on our team! We could not do what we do without VOLUNTEERS like YOU!

In order to ensure that our VOLUNTEERS are properly prepared, we offer various training opportunities online and in person. Please watch our Website, **www.beaminginc.org**, and our Facebook Page for upcoming VOLUNTEER TRAINING Sessions and Links.

As you will discover, we have many opportunities which will fit your experience and comfort level. Please be sure to use our SignUp Page to view VOLUNTEER openings and to **RESERVE YOUR SPOT!**

The screenshot shows the SignUp.com interface for a volunteer opportunity. At the top left is the SignUp.com logo. In the center, the word "<EXAMPLE>" is written in large yellow letters. Below this, the event is titled "BEAMING 2021" with dates "Mon Sep 9, 2019 – Tue Dec 14, 2021". A description states: "Volunteer's needed to provide assistance in providing support during equine assisted activities/ therapeutic riding to children and adults with special needs as well as military veterans and those we serve with Alzheimer's and dementia." There is a "Share this Invite" button. Below that, a "Find Spots By Date" section shows a date selector set to "Jul 29, 2021" and checkboxes for "Hide Past Spots" (checked) and "Hide Full Spots" (unchecked). A list of dates shows "Thu Jul 29, 2021" with "4 of 4 Filled" and "Mon Aug 2, 2021" with "16 of 40 Filled". At the bottom, a table lists spots with columns for SPOT, TIME, FILLED, PARTICIPANTS, and a status button.

SPOT	TIME	FILLED	PARTICIPANTS	
> Camp Autism (Horse Handle)	9:00am - 10:30am	4 of 4	(2) OP	FULL

SignUp Link
may also be
found on the
BEAMING
Website

Thank you & See you soon!

Center Director: Katie Samuelson (920) 851-6160
BEAMING Inc. 2692 County Rd GG, Neenah WI
incbeaming@gmail.com / www.beaminginc.org