



The Equine Healing Collaborative

VOLUNTEER AGREEMENT

Release of Liability • Confidentiality & Non-Disclosure • Safety Acknowledgment

This Agreement is entered into in exchange for the privilege of volunteering with The Equine Healing Collaborative ("EHC"). By signing below, you agree to all terms set forth in this document. This Agreement covers all EHC properties and programs, including but not limited to: Flying Pig Ranch (10101 Equestrian Place, Salinas, CA 93907), Chez Serdip (3400 Bean Creek Road Scotts Valley, CA 95066), Monterey Bay Horsemanship & Therapeutic Center/Monterey Bay Academy (783 San Andreas Road, Watsonville, CA 95076), South San Jose Ranch (1011 Metcalf Road San Jose, CA 95138), The Rita Dunn Healing Center (350 San Benancio Road, Salinas, CA 93908), and Bella Tierra Ranch (902 Monterey Salinas Highway, Salinas, CA 93908).

PART 1 — VOLUNTEER INFORMATION

Full Legal Name

Email Address

Emergency Contact Name

Volunteer Role / Primary Tasks

Relationship to EHC (e.g. community volunteer, student intern, partner org)

Phone Number

Emergency Contact Phone

Volunteer Start Date

PART 2 — AGREEMENT TO FOLLOW DIRECTIONS

I agree to observe and obey all posted rules, signage, and warnings, and to follow any oral or written instructions given by EHC staff, agents, therapists, and/or other volunteers at all times while on EHC property or participating in EHC programs.

PART 3 — EQUINE SAFETY & ASSUMPTION OF RISK

I acknowledge that working with horses and other animals involves inherent and unpredictable risks, including:

- Kicking, biting, bucking, bolting, falling, and trampling
- Falls from or around horses and related equipment
- Injury from equipment, facilities, or unpredictable animal behavior
- Risks associated with the natural outdoor environment, including wildlife

I voluntarily assume full responsibility for personal injury, death, property damage, or loss arising from my presence on EHC facilities or participation in any EHC activity, whether caused by my own actions, staff, other volunteers, clients, or the animals.

As a volunteer I agree to:

- Complete all required horse handling training before working independently
- Follow all posted barn, arena, and facility safety rules at all times
- Wear appropriate closed-toe boots and long pants in all equine areas
- Never work with horses alone without authorized EHC staff present
- Not interact with horses I have not been specifically authorized to handle
- Report any safety concerns, injuries, or incidents immediately to EHC staff

PART 4 — RELEASE OF LIABILITY & INDEMNIFICATION

I hereby release, discharge, and hold harmless The Equine Healing Collaborative, and each of their respective owners, operators, employees, volunteers, agents, and insurers (collectively "Released Parties") from any and all claims, damages, costs, or causes of action arising from my volunteer activities, to the fullest extent permitted by California law, except those caused by EHC's gross negligence or willful misconduct.

I agree to indemnify, defend, and hold harmless the Released Parties against all claims, causes of action, damages, judgments, costs, and expenses — including reasonable attorneys' fees — that arise in any way from my presence on EHC property or participation in EHC activities.

I agree to pay for all damages to EHC facilities, equipment, or animals caused by any negligent, reckless, or willful act or omission by me.

PART 5 — CONFIDENTIALITY & NON-DISCLOSURE

As a volunteer I may be exposed to private, sensitive, and legally protected information including client presence or identifying information, sensitive conversations, internal operations, donor information, horse health and safety protocols, proprietary equine-assisted methods, staff communications, and facility procedures. I agree to the following:

Client Identity & Protected Health Information (PHI)

I will not disclose the name, identity, diagnosis, treatment plan, session content, or any other personally identifiable or health-related information of any EHC client, participant, or minor to any person outside of EHC — at any time, including after my volunteer service ends.

HIPAA-Aligned Standards

I understand that EHC works in connection with licensed mental health professionals whose services are governed by HIPAA, California's Confidentiality of Medical Information Act (CMIA), and California Welfare & Institutions Code §5328. Although I may not be a covered entity under HIPAA, I agree to treat all client information as if HIPAA's Privacy Rule applies fully to me.

Minimum Necessary Standard

I will only seek or receive client information to the extent strictly necessary for my volunteer role. I will not ask clients, staff, or other volunteers about diagnosis, treatment, or personal history beyond what is operationally required.

No Unauthorized Disclosure

I will not discuss, repeat, post, share, or otherwise disclose any client information in any setting — including casual conversation, to family or friends, or on any digital or social media platform.

Organizational & Proprietary Information

I will maintain strict confidentiality regarding EHC's internal procedures, operations, donor information, staff communications, training materials, forms, and proprietary equine-assisted methods. I will not copy, distribute, or retain any EHC materials without express written permission.

Secure Handling of Records

If I am given access to any written, electronic, or printed records, I will handle them with care, will not copy or photograph them, and will return or destroy them as directed by EHC staff.

These confidentiality obligations survive the termination of my volunteer relationship with EHC and remain in effect indefinitely.

PART 6 — PHOTOGRAPHY, VIDEO & SOCIAL MEDIA

I will not photograph, video record, or audio record any EHC client, participant, or minor without prior written consent from EHC and, where required, from the client or their guardian. I will not post any images, videos, or identifying information about clients, sessions, or program activities on any platform without express written permission from EHC.

Image & Media Consent: I give EHC permission to use my image, likeness, or voice in photographs, videos, or other media for promotional, educational, or fundraising purposes in print and digital formats including social media and EHC's website.

Initials: _____

PART 7 — SCOPE OF VOLUNTEER ROLE

My role as a volunteer is to assist with designated tasks (e.g., animal care, facility support, ground activities) under EHC staff supervision. I am not authorized to provide therapeutic services, clinical advice, or mental health support to clients. I will refer any clinical questions or concerns to a licensed EHC staff member immediately. I acknowledge that I am not an employee or contractor of EHC and that nothing in this Agreement creates an employment relationship.

Volunteers must be at least 18 years of age or have written parental consent if under 18. Minor volunteers must be accompanied by a parent or guardian at all times unless otherwise approved by an EHC representative.

PART 8 — MANDATORY REPORTING

California law imposes mandatory reporting obligations regarding the abuse or neglect of minors and dependent adults. If I witness or become aware of any situation that may constitute abuse or neglect, I will immediately report it to the supervising EHC staff member and cooperate fully with any required reporting process.

PART 9 — MEDICAL AUTHORIZATION & RETURN OF MATERIALS

In the event of injury during my volunteer activities, I authorize EHC staff to seek or arrange emergency medical treatment on my behalf. I accept financial responsibility for any such treatment.

Upon ending volunteer service I agree to: return any EHC property, documents, or materials; delete any photos, videos, or digital files taken at EHC; and not retain any confidential information in any form.

PART 10 — GENERAL PROVISIONS

Governing Law: This Agreement is governed by the laws of the State of California.

Arbitration: Any controversy or claim arising out of or relating to this Agreement shall be settled by binding arbitration administered by the American Arbitration Association under its Commercial Arbitration Rules.

Severability: If any provision of this Agreement is found to be unenforceable, the remaining provisions shall continue in full force and effect.

Permitted Disclosures: Nothing in this Agreement prevents the Volunteer from reporting unlawful conduct, reporting unsafe conditions, participating in government agency investigations, or exercising rights protected under California law.

No Duress: I acknowledge that I am signing this Agreement voluntarily, free from pressure or duress, and that I have had a reasonable opportunity to review it and consult my own legal counsel if I so choose.

SIGNATURES & ACKNOWLEDGMENT

By signing below, I confirm that I have read, understood, and agree to all terms of this Volunteer Agreement. I understand that confidentiality obligations continue indefinitely after my volunteer service ends.

VOLUNTEER

Printed Name

Date

Signature

Date

EHC REPRESENTATIVE

Printed Name

Date

Signature

Date
