

**Thomas P. Gordon**  
**County Executive**



**Sophia Hanson**  
**Acting General Manager**

**Department of Community Services**

# Carousel Park & Equestrian Center

## Volunteer Packet



Department of Community Services

New Castle County Volunteer Application

Thank you for your interest in volunteering with New Castle County. We welcome volunteers as partners in creating stronger communities and providing programs and services to residents throughout the County.

Name (Please Print) \_\_\_\_\_ Birthday (month/day/year): \_\_\_\_\_

Full Address: # and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact's Phone Numbers: H: \_\_\_\_\_ W: \_\_\_\_\_ C: \_\_\_\_\_

Circle One: Senior(age 55+) Age 18-54 Teen (14-17) Pre-Teen (11-14) Family (Adult & Children)

Are you volunteering for school service hours or the Delaware Volunteer Credit? Yes \_\_\_ No \_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Where would you like to volunteer? (circle one): Libraries – Which Library? \_\_\_\_\_

Book Buddies Parks Special Events – Which Event? \_\_\_\_\_ Emerg. Prep. & Response

Volunteers in Policing Rockwood Mansion Community Activity Centers – Which Center? \_\_\_\_\_

Other \_\_\_\_\_

List any special training, skills, or interests you have:

What goals do you have or skills would you like to gain from this volunteer assignment?

Availability

Please indicate the days and times you are available to volunteer.

Circle One	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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Preferred Hours to Volunteer: From: \_\_\_\_\_ To: \_\_\_\_\_

By applying, I agree to appear for a brief interview, if requested. If selected as a volunteer, I will attend any required orientation session(s). I understand that New Castle County volunteers shall not be entitled to any compensation, health or life insurance, or any other County employee benefits. Permission is also given for New Castle County to use any photographs or video which includes my image for promotional purposes without expectation of compensation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Legal Guardian (If volunteer is under age 18) \_\_\_\_\_ Date \_\_\_\_\_

By signing above the Parent/Guardian of the minor volunteer hereby authorizes any necessary medical treatment for any injury or illness which the minor may suffer while volunteering with New Castle County. It is understood that, time permitting, specific permission of the Parent/Guardian will be secured in the event any major medical treatment or surgery is to be undertaken, but should the need arise, this authorization and consent will cover such an event. In addition the above signed Parent/Guardian or Volunteer releases and agrees to hold harmless New Castle County, their agents, volunteers and employees from any and all claims whatsoever which may arise out of the performance of volunteer service. Permission is also given to New Castle County to use any image of the minor volunteer for promotional purposes without expectation of compensation.



Department of Community Services

## New Castle County Volunteer Background Check Release Form

I, \_\_\_\_\_ give permission for New Castle County  
(Please Print)

to perform a check of my background including criminal record and past employment/volunteerism.

I understand that I do not have to consent to this background check, however, refusal to do so may exclude me from consideration for certain types of volunteer opportunities.

I understand that information collected during this background check will be limited to what is appropriate for the volunteer position that I am being considered for and all information during the check will be kept confidential.

I primarily volunteer at \_\_\_\_\_ site.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
email address

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

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Photo Release:

(Circle One) - I Do - I Do Not

Consent to and authorize the use and reproduction by New Castle County of any and all photographs and any other audio/visual materials taken of me/the minor for promotional material, educational activities, and exhibitions for the benefit of New Castle County.

Signature (Parent/Guardian if under 18) \_\_\_\_\_ Date \_\_\_\_\_

**PARTICIPANT LIABILITY RELEASE AGREEMENT (“AGREEMENT”)**

As a participant or parent or legal guardian of a participant (“I”), I hereby acknowledge and understand that horseback riding and being around horses are dangerous activities which can result in injury and death. I agree that I or my heirs, assigns, or next of kin will not sue or make a claim against NEW CASTLE COUNTY, its officials, employees, agents, licensees and/or volunteers (collectively the “RELEASED PARTIES”) for injuries and/or damages that may occur as a result of the participant’s involvement in horseback riding, horseback riding instruction, handling, or being on or near horses or ponies on the property of CAROUSEL PARK, or any other activity in which I may participate at CAROUSEL PARK. I hereby release, indemnify, and hold harmless the RELEASED PARTIES from all losses, damages, judgments, costs, and attorneys’ fees that may occur as a result of injury to the participant or his or her involvement in activities at CAROUSEL PARK and related claims by any parties, even if arising from the negligence of the RELEASED PARTIES. I have read all applicable rules regarding protective equipment, and I understand that I am required to wear protective equipment, although I understand that no protective equipment can guard against all injuries. I understand that risks are involved in riding, handling, or being on or near horses and ponies (including, but not limited to falling off of a horse or being kicked by a horse), and by signing this agreement, I take full responsibility in the event of any injury. I have read this agreement carefully, and I understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

**WARNING: PURSUANT TO DELAWARE LAW, 10 DELAWARE CODE §8140, AN EQUINE PROFESSIONAL AND/OR EQUINE ACTIVITY SPONSOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Moreover, governmental entities and their employees shall be immune from tort claims seeking recovery of damages pursuant to 10 Del. C. § 4011, et seq.**

\_\_\_\_\_

\_\_\_\_\_

Signature (Parent/Guardian if under 18) Date (Signature) Date

\_\_\_\_\_  
Signature – New Castle County Date



**Department of Community Services**

**EMERGENCY INFORMATION:**

Parent/Legal Guardian Contact Information of Minor (Under 18)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_

Please list any Allergies that we should be aware of: \_\_\_\_\_

**Emergency Contacts**

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

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

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

Preferred Medical Facility: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Volunteer/Staff Acknowledgement Form**

I acknowledge that I have received, read, and understand all policies and procedures, including all New Castle County Policies and Procedures or selected New Castle County Policies and Procedures for volunteers/staff, which I shall

adhere to in the performance of my duties as a volunteer/staff member. I further understand that any violations of New Castle County policies and procedures may result in disciplinary action up to and including dismissal from Carousel Park.

**CONFIDENTIALITY AGREEMENT**

I understand that all information (written and verbal) about participants at Carousel Park is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

\_\_\_\_\_  
Signature (if under 18) Date \_\_\_\_\_ Volunteer Signature or Parent/Guardian



**Department of Community Services**

**\*NOTE: ALL VOLUNTEERS MUST BE 13 YEARS OLD OR OLDER.**

**\*Note: "Minor Volunteer" is any individual under the age of 18**

POSSIBLE VOLUNTEER RESPONSIBILITIES (Please Circle one or more):

1.Horse Leader 2.Sidewalker 3.Barn Volunteer 4. Groom and Tack Horses (Please circle)

YES NO Do you have experience with horses? If yes, please describe:

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YES NO Have you had any training or experience working with people with disabilities? If yes, please describe: \_\_\_\_\_

YES NO Do you have any physical limitations that should be considered as when you volunteer?

If yes, please describe: \_\_\_\_\_

YES NO Can you walk for 45 minutes and jog for short periods of time?

How did you hear about our program? \_\_\_\_\_