

EAST SLOPE



Back Country Horsemen

Member Information

Year 2010

| Name | Birthdays | Last four digits of your S.S. # |
|-------|-----------|------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Address _____
 City _____ State _____ Zip & Postal Code _____
 Home Phone _____ Business Phone _____ Fax _____
 E-mail _____
 Membership Type _____ (New, Renewal or Secondary)

Single \$27.00 per year or \$12.00 for Secondary
 Family \$39.00 per year or \$24.00 for Secondary Amount Enclosed _____

East Slope Back Country Horseman members often participate in the Forest Assistant Program sponsored by the USFS. Please complete all the requested information on the top of the form in addition to the information below. Livestock info is needed for any stock used on any work project through out the year. S. S. # is needed for workers compensation on work projects.

Member Signature _____ Spouse Signature _____

Don't Forget to sign your membership, they will not be accepted without a signature.
 Your membership privilege is subject to approval by the Chapter Board of Directors.

| Name | Livestock Information Breed | Color |
|-------|--------------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

IN CASE OF EMERGENCY CONTACT

Name _____
 Address _____
 City _____ State _____ Zip _____
 Area Code and Phone Number _____

Mail Form to:
 R. Fred Fitzpatrick
 P.O. Box 126
 Valier, MT 59486

Please make checks payable to; ESBCH

| | | | |
|---|--|--|------------------------------|
| Volunteer Application for Natural Resources Agencies | | Instructions: Mark "x" in the appropriate boxes. For other items, either print or type responses If extra space is needed use item 17. | |
| 1. Name (Last, First, Middle) | | 2. Age | 3. Telephone Number () - |
| 4. Email Address | | 5. Street Address (include apartment no., if any) | |
| 6. City, State, and Zip Code | | 7. Which general volunteer work categories are you most interested in? | |
| <input type="checkbox"/> Archeology <input type="checkbox"/> Botany <input type="checkbox"/> Campground Host <input type="checkbox"/> Construction Maintenance <input type="checkbox"/> Computers <input type="checkbox"/> Conservation Education <input type="checkbox"/> Fish/Wildlife | | <input type="checkbox"/> Historical/ Preservation <input type="checkbox"/> Pest/Disease Control <input type="checkbox"/> Minerals/ Geology <input type="checkbox"/> Natural Resources Planning <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Range/Livestock <input type="checkbox"/> Research/Librarian | |
| <input type="checkbox"/> Soil/ Watershed <input type="checkbox"/> Timber/Fire Prevention <input type="checkbox"/> Trail/Campground Maintenance <input type="checkbox"/> Tour Guide/Interpretation <input type="checkbox"/> Visitor Information <input type="checkbox"/> Other (Please specify) | | 8. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? | |
| <input type="checkbox"/> Backpacking/Camping <input type="checkbox"/> Biology <input type="checkbox"/> Boat Operation <input type="checkbox"/> Carpentry <input type="checkbox"/> Clerical/Office Machines <input type="checkbox"/> Computer Programming <input type="checkbox"/> Drafting/Graphics <input type="checkbox"/> Driver's License <input type="checkbox"/> First Aid Certificate <input type="checkbox"/> Hand/Power Tools | | <input type="checkbox"/> Heavy Equipment Operation <input type="checkbox"/> Horses – Care/ Riding <input type="checkbox"/> Landscaping/Reforestation <input type="checkbox"/> Land Surveying <input type="checkbox"/> Livestock/Ranching <input type="checkbox"/> Map reading <input type="checkbox"/> Mountaineering <input type="checkbox"/> Photography <input type="checkbox"/> Public Speaking <input type="checkbox"/> Research/Librarian | |
| <input type="checkbox"/> Sign Language <input type="checkbox"/> Supervision <input type="checkbox"/> Other Trade skills (Please specify) | | 9. Based on boxes checked in items 6 and 7, what particular type of volunteer work would you like to do? (Please describe any specific qualifications, skills, experience, or education that apply.) | |
| <input type="checkbox"/> Teaching <input type="checkbox"/> Working with People <input type="checkbox"/> Writing/Editing <input type="checkbox"/> Other (Please specify) | | 10 a. Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No b. If Yes, please briefly describe your volunteer experience. | |
| 11. Would you like to supervise other volunteers? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 12. What are some of your objectives for working as a volunteer? (Optional) | |
| 13. Please specify any physical limitations that may influence your volunteer work activities: | | | |

14a. Which months would you be available for volunteer work?

- January February March April May June
 July August September October November December

14b. How many hours per week would you be available for volunteer work? Hours

14c. Which days per week would you be available for volunteer work?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

15. Specify at least three states or specific locations within a state where you would like to do volunteer work.

16. Specify your lodging requirements:

- I will furnish my own lodging (such as tent; camper; own, relative's, or friend's place)
 I will require assistance in finding lodging

17. If a volunteer assignment is not available at the location specified in item 14, do you want your application forwarded to another location or Federal agency seeking volunteers with your background/interest?

- Yes No (Please specify)

18. This is provided for more detailed responses. Please indicate the item numbers to which these responses apply:

Public Burden Statement

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Forest Service, 1621 N. Kent Street, Room 800 RPE, Arlington, VA Attention: Clearance Officer; and to the Office of the Management and Budget, Paperwork Reduction Project (OMB# 0596-0080), Washington, DC 20503.

Notice to Volunteer

Volunteers are not considered to be Federal employees for any purposes other than tort claims and injury compensation. Volunteer service is not creditable for leave accrual or any other benefit. However, volunteer service is creditable work experience.

Privacy Act Statement

Following information is provided to comply with the Privacy Act (PL 93-579). 5 U.S.C. 301 and 7 CFR 260 authorize acceptance of the information requested on this form. The data will be used to contact applicants and to interview, screen, and select them for volunteer assignments. Furnishing this data is voluntary.

18. Signature (Sign in ink)

19. Date

STATEMENT OF PHYSICAL ABILITY FOR FIELD WORK

THIS QUESTIONNAIRE IS DESIGNED FOR BOTH THE EMPLOYEE AND EMPLOYER. THE FOREST SERVICE IS CONCERNED ABOUT YOUR SAFETY, HEALTH, AND PHYSICAL CONDITION. THE QUESTIONS ARE ASKED TO HELP US IDENTIFY PROSPECTIVE EMPLOYEES THAT HAVE OR HAVE HAD PHYSICAL CONDITION THAT MAY REQUIRE SOME ATTENTION OR SPECIAL PRECAUTIONARY MEASURES. SUPERVISORS HAVE THE PEROGATIVE TO REQUEST A PRE OR POST EMPLOYMENT PHYSICAL AT ANY TIME AT GOVERNMENT EXPENSE.

You will be working in terrain that varies from flat and gentle to very steep, rocky and brushy. Climate changes vary from cool mornings to hot days and could include rain, sleet or snow all months of the year. You may be required to walk long distances (trail crews often walk and work up to 20 miles per day). Your job will involve bending, lifting, pushing, pulling and other physical abilities. Firefighting requires strenuous physical exertion for extended periods including walking, climbing, shoveling, throwing, lifting, frequently carrying objects weighing 50 pounds or more. Being in top physical condition will contribute to both your job performance and to your overall health, safety, and personal satisfaction.

| YES | NO | IF ANSWER IS "YES" TO ANY OF THE QUESTIONS BELOW, PLEASE EXPLAIN IN #10. |
|-----|----|--|
| | | 1. DO YOU HAVE ANY VISION AND/OR HEARING PROBLEMS? |
| | | 2. DO YOU HAVE AN AMPUTATION OR ABNORMALITY OF THE LEG, FOOT, OR ARM, HAND OR FINGER? |
| | | 3. DO YOU HAVE DIFFICULTY IN USING HANDS, ARMS OR FINGERS? |
| | | 4. DO YOU HAVE A DISEASE WHICH COULD MAKE YOUR EMPLOYMENT HAZARDOUS TO YOURSELF AND OTHERS? |
| | | 5. DO YOU HAVE ANY PREVIOUS INJURY(S) THAT REQUIRED MEDICAL ATTENTION SUCH AS BACK, KNEES, LEGS, HIPS, OR ANKLES? IF YES, EXPLAIN NATURE OF INJURY AND DATE. |
| | | 6. DO YOU HAVE ANY KNOWN CONDITION OR SITUATION THAT COULD PREVENT YOU FROM PHYSICALLY PERFORMING YOUR ASSIGNED WORK DUTIES, SUCH AS: Heart Disease, Convulsive Disorders, High Blood Pressure, Arthritis, Pulmonary or Respiratory Disorders, Other? Circle the one that may apply, and explain. |
| | | 7. DO YOU HAVE ANY SENSITIVITIES? Bee Stings, Poison Oak, Poison Ivy, Allergies (Hay Fever, Etc.) Circle any that may apply and explain. |
| | | 8. DO YOU TAKE ANY MEDICATIONS FOR ANY OF THE CONDITIONS LISTED IN #6 OR #7 |
| | | 9. DO YOU HAVE ANY CONTAGIOUS DISEASE(S)? |

10. EMPLOYEES DETAILED EXPLANATION TO QUESTIONS ANSWERED "YES" ABOVE. (REFER TO QUESTION NUMBER).

I UNDERSTAND THIS FORM IS PART OF MY APPLICATION AND FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN APPROPATE DISCIPLINARY ACTION.

Employee's Signature: _____ Date: _____

I HAVE REVIEWED AND DISCUSSED WITH ABOVE EMPLOYEE.

Work Supervisor's Signature: _____ Date: _____

Unit Manager's Signature: _____ Date: _____

Employment Officer's: _____ Date: _____

**EAST SLOPE BACK COUNTRY HORSEMEN
RELEASE AND AGREEMENT NOT TO SUE**

In consideration of being allowed to participate in the East Slope Back Country Horsemen sanctioned events, I and my heirs, successors, personal representatives and next of kin hereby **RELEASE, WAIVE, DISCHARGE** and agree to **HOLD HARMLESS AND INDEMNIFY** the East Slope Back Country Horsemen, their officers, members, committees, sponsors, agents and representatives from all liability to me and my personal representatives, heirs, successors, and next of kin from any and all claims and liability for all loss or damage and any claim of damages therefore on account of any injury to my person including death or damage to my property while I am utilizing East Slope Back Country Horsemen facilities or participating in East Slope Back Country Horsemen events.

In making this request to participate in East Slope Back Country Horsemen events, I represent that I will follow all safety rules and practices of the East Slope Back Country Horsemen.

I hereby represent to the East Slope Back Country Horsemen that I understand that **THERE ARE CERTAIN RISKS OF SERIOUS INJURY AND DEATH** inherent in participating in trail riding and any horse related activities. I realize that conditions of the trails change from time to time and may become more hazardous, that horses and mules are unpredictable and that there is **INHERENT DANGER** in horse related activities which I appreciate and voluntarily assume because I choose to participate in such events. I make this choice even though I have observed or participated in events of this kind in the past and know conditions, facilities, livestock, and other participants pose a danger to me. I recognize and expressly agree to assume the entire risk of any and all accidents or personal injury including serious paralysis or death which I might suffer during my participation in said events.

I further **COVENANT AND AGREE NOT TO SUE THE EAST SLOPE BACK COUNTRY HORSEMEN** for any injury, damages or death which occur as a result of my participation in said events and any claim or damage therefore. I understand that this document may be treated as a complete defense to any legal action I might bring against the East Slope Back Country Horsemen for any injuries or other damages I might suffer.

I understand and agree that this **RELEASE AND AGREEMENT NOT TO SUE** extends to any and all claims I may have, specifically including, but not limited to, claims arising out of participation in said events, claims with respect to the design, manufacture, repair, or maintenance of the facilities, tack or other equipment which I will be using, or with respect to the conditions, qualifications, instructions, rules or procedures under which my use of said facilities or equipment are conducted or from any other cause.

I UNDERSTAND AND AGREE THIS RELEASE AND AGREEMENT NOT TO SUE extends to **ACCIDENT, INJURY, OR DEATH OCCURRING DURING THE TERM OF MY PARTICIPATION IN THIS EAST SLOPE BACK COUNTRY HORSEMEN EVENT OR MEMBERSHIP IN THE EAST SLOPE BACK COUNTRY HORSEMEN**. Any subsequent Release and Agreement I might sign in the future shall amplify, but shall in no way limit, the provisions of this document.

I further state and certify that I have carefully read the forgoing Release, know the contents thereof and sign this **RELEASE AND AGREEMENT NOT TO SUE** as a free and voluntary act. I am not relying on any statement or representations of any party released hereby. **I UNDERSTAND THIS IS A RELEASE OF ALL CLAIMS.**

Dated this _____ day of _____, _____.

Signed

(Your signature **MUST** be witnessed)

(Parent or legal guardian must sign if applicant is a minor under the law of the state of residence.)

I declare that I am a parent or legal guardian of the above named minor. I have carefully read the foregoing **RELEASE AND AGREEMENT NOT TO SUE**. I know the representations made are true. I agree to be bound by the terms of the **RELEASE AND AGREEMENT NOT TO SUE** both personally and as representative of the interests of the minor.

Signed _____ Date _____

WITNESS TO ABOVE SIGNATURE:

I, the undersigned have served as witness that known to me to be this person whose name is subscribed to the within instrument, and acknowledge to me that he/she executed the same.

Signed _____ Date _____

**EAST SLOPE BACK COUNTRY HORSEMEN
TRAIL SAFETY RULES**

- 1.** Neither horse stallions nor dogs are allowed to participate in this event, although some well-trained and/or well-mannered animals exist. It is impossible to predict how other animals will react to their presence; and, therefore, they must be excluded from this activity.
- 2.** While on the trail, maintain adequate distance from the livestock in front of you, to avoid injury-provoking reactions from that stock. If your horse is known to kick, please place an orange ribbon in its tail.
- 3.** Alcohol and drugs will not be used at any time while participating in this event. Social activities after the day's events are completed are at the discretion of the individual.
- 4.** If your physical condition requires eye, ear, face, head, hands, arms, or any other personal protective equipment, it must be used.
- 5.** Only one rider is permitted per horse and each rider, including youngsters, must be able to control his/her mount.
- 6.** Recklessness is prohibited while participating in this event.
- 7.** If what you are doing seems unsafe, stop and find out.
- 8.** If you see someone participating in unsafe practices, advise them about it.
- 9.** Know the location of both human and equine first aid equipment while participating in this or any other horse activity.
- 10.** All animals will be humanely treated, cared for, and prepared for the ride. East Slope Back Country Horsemen recommends vaccinating and worming livestock.
- 11.** East Slope Back Country Horsemen requires that all horses be shod unless otherwise specified.
- 12.** Report any unsafe conditions to the Trail Boss or ride leader. Complaints about other members shall be submitted in writing to the trail boss or a board member within 30 days.
- 13.** When a rider dismounts to open a gate, or for, another purpose, the ride participants will wait until he/she is remounted before continuing.
- 14.** When meeting other horse parties on the trail and where passage is not possible observe these practices: Generally, pack stock has preference over saddle stock. Generally, a pack string containing the greater number of livestock has preference for passage. Generally, pack strings going uphill have preference over downhill-bound strings.
- 15.** If it is necessary for you to turn around when meeting another string on a narrow trail, always turn the back end of the horse to the uphill side. The head of the horse then projects out over the open space. If the back end is turned outward, it may result in a dangerous situation as the horse scrambles to maintain footing on the trail.
- 16.** The trip leader or trail boss is responsible for determining that all riders are present before resuming the trip after a stop.
- 17.** Have Fun!

Exercising safe practices is a critical part of these equine activities.
Failure to adhere to these rules will result in a request to terminate
your participation.

Participant signature _____ Date _____

Participant Name (printed) _____