

Volunteer Information Form

Name: _____

Address: _____

Parent/Guardian Info (if under 18): _____

Date of Birth: _____

Phone: _____

Days/Times Available: _____

CPR Certified: Yes No

Health Limitations (if any): _____

Emergency Contact Info

Name: _____

Phone: _____

Relation: _____

Name: _____

Phone: _____

Relation: _____

Check Areas of Interest:

Program

- Grooming
- Cleaning Tack
- Schooling Horses
- Leader/Sidewalker

Administration

- Grant Writing
- Newsletter
- Social Media
- Fundraising

Facility Repairs/Maintenance

Photography/Video

Photo Release

I DO consent to and authorize the use and reproduction by photographs and any other audio-visual materials taken of me for promotional purposes, educational activities exhibitions or for any other use for the benefit of the program.

I DO NOT consent.

Date: _____

Signature: _____

Volunteer Liability Release

As a volunteer for Full Stride Therapeutic Riding Center, I accept the risks and potential for risks of a horseback riding program. I, hereby intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against, Full Stride Therapeutic Riding Center, its Board of Directors, Instructors, Therapists, Volunteers and /or employees for any and all injuries and/or losses I may sustain while participating at Full Stride Therapeutic Riding Center.

Date: _____

Signature: _____