



FULL STRIDE

THERAPEUTIC RIDING CENTER

Volunteer Information Form

Name: _____

Address: _____

Email Address: _____

Date of Birth: _____ Phone: _____

Days/Times Available: _____

CPR Certified: Yes No

Health Limitations (if any): _____

Emergency Contact Info

Name: _____

Phone: _____

Relation: _____

Do you have any experience working with horses?

Do you have any experience working with special needs children and/or adults?

Check Areas of Interest:

Program

- Grooming
- Cleaning Tack
- Schooling Horses
- Leader/Sidewalker
- Facility Repairs/Maintenance

Administration

- Grant Writing
- Newsletter
- Social Media
- Fundraising
- Photography/Video

Qualifications:

1. Must be 14 years of age or older.
2. Must be available for in person training from our Program Director.
3. Must be able to walk and briskly jog on uneven ground throughout a 30-minute session in order to volunteer during a session.
4. If over the age of 18, must pass a background check prior to volunteering.

Responsibilities:

1. Be on time.
2. Be willing to learn and follow proper safety procedures.
3. Be willing to help our staff with all barn chores.
4. Be able to perform volunteer tasks with minimal supervision.

**Volunteer dependability is essential for the smooth running of our program. We ask our volunteers for a weekly commitment to provide consistency for our riders. **

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: _____