**Date:** Click or tap to enter a date.

(Check one)

**Mr.**  **Mrs**. **Ms.**  **Miss**

(Please print)

**Last name:**Click or tap here to enter text. **First:**Click or tap here to enter text. **Middle:** Click or tap here to enter text.

**Date of birth:** Click or tap here to enter text.**Age:** Click or tap here to enter text.**Height:** Click or tap here to enter text.

**T-shirt Size:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.**City:** Click or tap here to enter text. **State:** Click or tap here to enter text. **Zip:** Click or tap here to enter text.

**Home Phone:** Click or tap here to enter text.**Mobile:** Click or tap here to enter text.**Work:** Click or tap here to enter text.

**Email (print):** Click or tap here to enter text.

**Employer or school:** Click or tap here to enter text.

**Parent/Guardian Name:** Click or tap here to enter text.

**Why do you want to volunteer?**

Click or tap here to enter text.

**Do you have previous experience working with persons with any disability?** Yes  No

**Explain:** Click or tap here to enter text.

**Do you have previous experience working with horses?** Yes No

Explain: Click or tap here to enter text.

DAY(S) & TIME(S) YOU WILL BE AVAILABLE TO VOLUNTEER

(Circle all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning  Morning  Morning  Morning  Morning  Morning  Morning

Evening  Evening  Evening  Evening  Evening  Evening  Evening

**Substitute List:** If you can not commit to a regular schedule time each week, then you may be called to fill in for a volunteer only in the event that they are unable to make their time. Yes  No

**I would like to be a: (Check all that apply)**

Horse Leader (horse experience preferred)

Side Walker (no horse experience needed)

Either Position

**If possible, I would like to volunteer with:** Click or tap here to enter text. (Name of the student)

Volunteer Caller (must have fax or e-mail) can be done from home)

Computer Work

Helping riders before class

Fundraisers

Cleaning and repairing saddles and tack

Cleaning Facility

Yard work

Hugging

Prayer walking

Anything you like to do, not listed above: Click or tap here to enter text.

No person can be accepted for volunteer service until the participant and/or parent/guardian/caregiver have completed this form if the participant is less than eighteen (18) years of age.

**RELEASE OF LIABILITY**

Services will be under trained supervision and although evert effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the organizations concerned, including Saving Grace Sanctuary.

YES, I would like to participate or have my son/daughter participate as a volunteer. I understand that **NO LIABILITY** can be accepted by any organization concerned with this service, including Saving Grace Sanctuary in the event of any accident, which might occur.

**Participant Signature**: Click or tap here to enter text.**Date**: Click or tap to enter a date.

**Parent/Guardian/Caregiver (if under 18):** Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Photo Release**

**I do**  **do not** (check one) consent to and authorize the use and reproduction by Saving Grace Sanctuary of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions or for any other use for the benefits of the program.

**Signature**:Click or tap here to enter text. **Date**: Click or tap to enter a date.

**CONFIDENTIALITY AGREEMENT**

**I understand that all information (written or verbal) about participants at the Saving Grace Sanctuary is confidential and will not be shared with anyone.**

**Signature**: Click or tap here to enter text.**Date**: Click or tap to enter a date.

**BACKGROUND INFORMATION**

**Have you ever been charged with or convicted of a crime?** Yes  No

If yes, please explain: Click or tap here to enter text.

**Are you currently on probation and/or performing community service:** Yes No

I, (**name**)Click or tap here to enter text., authorize Saving Grace Sanctuary to receive information from any law enforcement agency, including the police department and sheriff’s department, of this or any other state or federal government, to the extent, permitted by state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children.

I understand that such access is for the purpose of considering my application as an employee/volunteer, and that expressly DO NOT authorize Saving Grace Sanctuary, it’s directors, officers, employees, or the volunteers to disseminate this information in any way to other individual, group, agency, organization, or corporation.

**Signature**:Click or tap here to enter text.**Date**: Click or tap to enter a date.

**Current Driver’s License Number:** Click or tap here to enter text. **State:** Click or tap here to enter text.

**I currently do not have a Driver’s License:** (check)Click or tap here to enter text.

**EMERGENCY MEDICAL INFORMATION**

If under age 18, Name of Parent/Guardian/Caregiver Click or tap here to enter text.

Daytime Phone Number**:** Click or tap here to enter text.Mobile: Click or tap here to enter text.

In case of emergency notify: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Work place (if applicable): Click or tap here to enter text. Phone: Click or tap here to enter text.

Day phone/cell of contact person: Click or tap here to enter text.

Preferred Physician: Click or tap here to enter text. Phone: Click or tap here to enter text.

Preferred Medical Facility: Click or tap here to enter text.

Health Insurance Company: Click or tap here to enter text.

Policy Number: Click or tap here to enter text.

**Describe any medical conditions requiring special precautions or treatment:**

**(Example: Diabetic, Severe Allergies, Asthma)**

Click or tap here to enter text.

In case of emergency, the undersigned participant authorizes Saving Grace Sanctuary to provide emergency medical assistance and to secure medical/surgical treatment and/or hospitalization for the participant as they determine to be necessary or advisable, pending receipt of special consent from the undersigned from any licensed physician to provide including, but not limited to, anesthesia, x-ray, surgery, hospitalization, and medication.

**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.