



# Volunteer Form – Rapha Reins, Inc



(Please complete and submit to Rapha Reins, Inc personnel)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Best way to reach you: (Home, Work, Cell, Text?) Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**I am interested in:**

- Helping with Stable & Pastures
- Horse Care
- Administrative/Office Help
- Side-walking in lessons with student
- Leading Horse in lessons with student
- Assisting Instructors with student groom & tack for lessons
- Assisting students in Horse Shows & Camps
- Volunteer Coordinating & Training
- Fundraising Projects & Benefit Events
- Facility Repairs & Property Maintenance
- Public Relations/Newsletter/Website

**Rapha Reins, Inc is open 6 days a week year round.**

*No matter what your time schedule or ability, Rapha Reins, Inc has a volunteer position for you. Can you assist on a regular basis a few hours?*

- Every Other Week
- Winter
- Spring
- Summer
- Summer Camps
- Fall
- Weekly

**Which days and during which times you are able to help?**

**(Example: Monday Morning: 8am-11am; Tuesday Midday: 11– 4pm; Friday Evenings: 4pm-8pm)**

<input type="checkbox"/> <u>Monday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Tuesday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Wednesday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Thursday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Friday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Saturday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____
<input type="checkbox"/> <u>Sunday:</u>	<input type="checkbox"/> Morning_____	<input type="checkbox"/> Midday_____	<input type="checkbox"/> Evening_____



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**Describe your experience with horses?**

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**Describe your experience with people with mental and emotional disabilities?**

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### **Photography/Video Agreement**

I consent to and authorize the use and reproduction by Rapha Reins, Inc of any and all photos/audiovisual materials taken of me for promotional material, educational activities and exhibit displays.

### **Confidentiality Agreement**

I understand that all information (written and verbal) about participants at Rapha Reins, Inc is confidential and will not be shared with anyone. If there should be a breach of confidentiality, Rapha Reins, Inc has all authority to take appropriate measures to include but not limited to dismissing your volunteer role and responsibility with the organization.

### **Emergency Contact & Treatment Release**

Name: \_\_\_\_\_

Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

In the event emergency medical aid/treatment is required, I authorize Rapha Reins, Inc to secure and retain medical treatment and transportation.

Describe any allergies or any medical condition we should be aware?

(Please explain specifically)

My signature below certifies my understanding of an agreement with the above statements and releases. I would like to participate in Rapha Reins, Inc's volunteer program. I understand the risks involved and release and hold harmless employees, contractors, board members, volunteers of Rapha Reins, Inc for claims and injuries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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