



VOLUNTEER APPLICATION

Sunrise Inc. Therapeutic Riding Center encourages the participation of volunteers who support our goals and mission. All volunteer applications are considered in a timely manner to assess applicable volunteer opportunities. The information you provide is kept confidential unless otherwise noted.

NAME/S: _____

PHONE NUMBER: _____

ADDRESS: _____

City: _____ **State:** _____ **Zip:** _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT-

NAME: _____ **NUMBER:** _____

AVAILABILITY (Circle days that apply):

MONDAY - MORNING EVENING THURSDAY - MORNING EVENING SUNDAY - MORNING EVENING
TUESDAY - MORNING EVENING FRIDAY - MORNING EVENING
WEDNESDAY - MORNING EVENING SATURDAY - MORNING EVENING

**WHAT PART OF THE PROGRAM ARE YOU INTERESTED IN VOLUNTEERING FOR?
(Check all that apply):**

- | | | | |
|---------------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Grooming | <input type="checkbox"/> Leading | <input type="checkbox"/> Sidewalking |
| <input type="checkbox"/> Barn Work | <input type="checkbox"/> Cleaning Tack | <input type="checkbox"/> Feeding Prep | <input type="checkbox"/> Barn Maintenance |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Events | <input type="checkbox"/> Chores/ToDo List |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Photography | <input type="checkbox"/> Videography | <input type="checkbox"/> Exercising Horses |
| <input type="checkbox"/> Riding | <input type="checkbox"/> Pony Parties | <input type="checkbox"/> Camps | <input type="checkbox"/> Outreach Program |
| <input type="checkbox"/> Youth Group | <input type="checkbox"/> Board Member | <input type="checkbox"/> Website | <input type="checkbox"/> Technical Support |

WHAT IS YOUR LEVEL OF EXPERIENCE WITH EQUINES?

Photo Release

I DO DO NOT consent to and authorize the se and reproduction by Sunrise Inc. Therapeutic Riding Center of any and all photographs and any other audio/visual materials taken of me from promotional material, educational activities or materials, exhibitions or any other use for benefit of Sunrise Inc. Therapeutic Riding Center.

Signature _____ Date _____

MEDICAL INFORMATION

ALLERGIES _____

DIAGNOSIS WE SHOULD BE AWARE OF:

Agreement to Release and Hold Harmless

I (or parent/guardians of) _____ understand that there are inherent risks in riding, and working around horses. With this in mind I/we hereby consent to participation or allow him/her to participate in the programs provided by Sunrise Inc. Therapeutic Riding Center and in exchange for the privilege of participation in such programs, I/we further release Sunrise Inc. Therapeutic Riding Center, its officers and personnel, and the owners of the premises on which the programs and activities of Sunrise Inc Therapeutic Riding Center may be concluded, from any claim I/we or he/she may have for any injury that may be sustained in the course of participation in any activity or sponsored or connected with Sunrise Inc. Therapeutic Riding Center for the duration of the program for which I/we or he/she has enrolled/participated. This release and agreement to hold harmless includes any and all actions or incidents arising from services and actions connected with Sunrise Inc. Therapeutic Riding Center activities of any kind.

___ (Initial here) I have been provided the link to the Volunteer Handbook, have read the Handbook and agree to the terms provided.

Signature (parent/guardian if minor) _____ Date _____

Printed Name/s _____

Warning! Under Indiana law an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risk of equine activities.